STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-71
County Mont	Registration Dist. No. 21
Village or City. almeef	ND. Most & General St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	
2. FULL NAME Trans Comstead	
(a) Residence: No. Teachwille Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If marriad, widowad, or divorced, HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I atlended deceased from a few 23 mg 1932 to a few 23 1937
6. DATE OF BIRTH (month, day, and year)	I last saw h Line aliva on apr 23, 1932 death is said
7. AGE Yaars Months Days If LESS than I dayhrs.	to have occurred on the date stated ebove, et
B. Trada, profassion, or particular kind of work dona, as SPINNER SAWYER, BDOKKEEPER, atc.	Fracture of Skull - 25
kind of work done, as SPINNER. SAWYER, BDOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked (1) 11. Total time (years) this peculiary manufacture of the control of	Shoot this
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance:
13. NAME Stank CSmill 14. BIRTHPLACE (city or town)	
(State-of Country)	Name of operation Oata of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was dua to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicida, or homicide? Deledent Data of injury 423, 1927 Where did injury occur? between bluery Sandy Bring red
17. INFORMANT Marcha Chase	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. An State Load
18. BURIAL, CREMATION, OR REMOVAL: Place Date Opril 25, 19 32	Manner of injury auto accident
19. UNOERTAKER Geo Kantonillen Mad	24. Was disease or injury in any way ralated to occupation of deceased? 200
20. FILED april 24,19 32 CS. Barneley	(Signad) Chas Sumbleson M. D. (Address) Andy Spring Tys
Registrar. If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Regulsting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

OF DEATH in plain terms, so that it may

man

STATE OF MARYLAND-	-CERTIFICATE OF DEATH (4283
1. PLACE OF DEATH	48
County County	Registration Dist. No. 2/3
Village or City Seemany 199	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
	osds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Joilie promote	er.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That Lattended deceased from
6. DATE OF BIRTH (month, day, and yeer) May 20 - 1883	I last sew h alive on after 11, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
4 1 dey,hrs	ware se follows.
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	aremong / Mena 193
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 thdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and	
O 10. Date deceased lest worked et 11. Totel time (yeers) spent in this occupetion (month and year) occupetion	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(Stete or country)	all how 1921 Les Us caximis les use
I 13. NAME Time	his his to bean such - are of long color
13. NAME 14. BIRTHPLACE (city or town)	Name of operation There L. Refused for The of
(Stete or country)	Whet test confirmed diagnosis?
15. MAIDEN NAME Menty of Becken	23. If deeth wes due to external causes (VfOL ENCE) filf in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, Date of injury, 19
17. INFORMANT William Beauty (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL maga Dawswill	Manner of injury
Piece Sugar Land Date aff 17, 1932	Nature of injury
19. UNDERTAKER & Haelows (Address) Haiff	24. Was disease or injury in any way related to occupetion of deceesed?
20. FILED 4/16 , 1932 ms 26. J. Pracl -	(Signed) (Signed) M. D.
Registrar.	(Address) Augustang (AG

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---	------------	-----------	---------	------------	----	-----------

V. S. No. 1

STATE OF	MARYL	AND-CERTIFICATE	OF	DEATH
----------	-------	-----------------	----	-------

64284

1. PLACE OF DEATH		95.8	
County Montgon	nerej	Registration Dist. No. 2	1.3
Village or City	77	No. St. death occurred in a hospital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth? yrs.	and number)
2. FULL NAME (a) Residence: No.	Menson Densen	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEAT	
3. SEX Male A. COLOR OR RACE Mule White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	, 193 <u> </u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY. That I atter	nded deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 7. AGE Years Months 7. AGE Years Months	Days If LESS than 1 day; hrs. or min.	to have occurred on the date stated above, at	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11 Total time (years) spent in this 30	acute delalation of bear	before bleat
12. BIRTHPLACE (city or town) (Stata or country)	was Mady . Co	Other Contributory Causes of importance:	
13. NAME Allen 14. BIRTHPLACE (city or town) (State or country)	norgland.	Name of operation Date What test confirmed diagnosis? Alacase. Alacases there	-7
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	hett Brasheau	23. If death was due to external causas (VIOLENCE) fill in also the followance of Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL	Bedson	Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLI	
	a. Date Opiel 20, 1932	Natura of injury	
19. UNDERTAKER (Lacrance & Cardon & Company)	Pumphrey, maryland	24. Was disease or injury in any way related to occupation of deceased. If so, specify	n Ko.
20. FILED 4/20 , 1932	7 Mrs. W.T. Pralt Registrar.	(Signed) At Lockwelle man	M. C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	MAY 4 1932	July 5,1927	Peritonitis	3 days ago
	RIEDEAUV			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 yeor

V. S. No. 1

of infor-

item

OCCUPA.

pluods

S

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	A second	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
(1)	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 1992	July 5,1927	Peritonitis	3 days ago
BURNAU W.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		1



BINDING

MARGIN RESERVED FOR

N. B.

tt •	U4280
PLACE OF DEATH	STATE OF MARYLAND
County Martgoulery	CERTIFICATE OF DEATH
	Registration Dist. No. 216
Village or City/ Sexual (No. 76)	//-
Village or City State Al (No. 16)	a hospital or institution, give Its NAME in stead of street and number.
FOLE NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Welster 16-915	Opril 27320 Opril 2732
(Month) (Day) (Year)	that I last saw her stave on Deril 12-1977
7 AGE [If LESS than	and that death occurred on the date stated above, at 10.45 m
9 (day - hrs.	
26 yrs. 5 mos. 26 ds. or min.?	
B OCCUPATION (a) Trade, profession or	Asphysiation let
particular kind of work	illumination 900
(b) General nature of industry business, or establishment in	Suicida Buration) Drs. mos de
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
, cemessel	(Duration) yra, most da
FATHER I STATE THE PLEASE OF	(Signed) M. D.
11 BIRTHPLACE	apr. 13 1972 (Address) Bether da Jus
F OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether
State or country	Accidental, Suicidal or Homicidal.
of MOTHERS MILLE TULBERSON	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country) / OCH OF SELECTION	of deathyrsds, Stateyrsds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
be I may	Former or usual residence
(Informapt) NWW V	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 18 23 MA Ave My	Calendon Mat Prochoe 4/ 15 1932
15	20 UNDERTAKER ADDRESS
Filed 14 3 2 192 Our Green	My Talelyn 02811 Sta

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer. Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House er," etc., without more precise specification as Doy whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The materia or At Home, and children, not gainfully em-For many occupations a yrs). Form laborer, Laborer-(b) Cotton mill; (a) Solesmon, (b) For persons who have no occupation single word or term on -Coal mine, etc. Grocery, Wom-

Statement of Cause of Death—Name, first, the DISSEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

as fracture of skull, and consequences (e.g., sepsis, approved by Committee on Nomenclature of the tetonus) may be stated under the head of "contributory." stated unless important American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suncide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," perilonocum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiinterstitiol nephritis, " "Marasmus," "Old Age," "Shock, Chronic valvular heart disease; Example: Meosles (disease etc. The contributory " "Convulsions,

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1		MARGIN	MARGIN RESERVED FOR 1	FOR]
B.—WKITE	mation should be carefully supplied. AGE should be stated	supplied.	AGE should be	stated
CAUSE O	CAUSE OF DEATH in plain terms, so that it may be properly	in terms, so	that it may be	properly

1. PLACE OF DEATH		
County Monigon	eref	Registration Dist. No. 2
Village or City Dawn		No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) S
2/1//	learn good rad yrs.	s. ds. How long In U. S. if of foreign birth? yrs. mos. ds
I TOLL MAIND THE TOTAL TO	V. Mungen	
(a) Residence: No.	(Usual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX M. 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
is a lf married, widowed, or divorced HUSBAND of (or) WIFE of Lydia /	Brandenburg	22. April HEREBY CERTIFY, That Vattended deceased from
6. DATE OF BIRTH (month, day, and year)	200. 18/86	1 last saw him alive in affect 6 1932 death is sai
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.
62 4	12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were estollows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ouse Carpenter	Jun-abot wound
work wes done, as SILK MILL, SAW MILL, BANK, etc		
To Date deceased last worked et this occupation (month end year)	11. Total time (years) spant in this 15 45.	
12. BIRTHPLACE (city or town) 7 . 2 . (State or country)	Jud.	Other Coutributory Causes of importance:
13. NAME /m. /S. /3	randenburg	
13. NAME M. S. 13. 14. BIRTHPLACE (city or town) Mr. 3. (Stete or country)	woringsoils!	Name of operation Dete of What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME Sarah Eli	sabeth Mulling	23. If death was dua to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Sarah Ele 16. BIRTHPLACE (city or town) Ms.	amaseur	Accident, suicida, or homicide? Date of injury 4, 4, 193
(Stete or country) 17. INFORMANT Dewry (Eddress)	Brandenbuy.	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	April 8 1932	Manner of injury Jun - shot wound Nature of injury
19. UNDERTAKER 3. 13.	all Inc.	24. Was disease or injury In eny way related to occupation of deceased? No
20, FILED Chrut 8, 1932 De	Ur. C. Byrditte	(Signed) Levy M. Joyn M. (Ardress) Damaseris my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURNAU V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S.	PAGE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	--------	-----	---------	------------	----	-----------

V. S. No. 1

2	90
TH UNFADING INKTHIS IS A PERMITENT R.	should be carefully supplied. ACE should be stated ECF DEATH in plain terms so that it may be proper
	00 00
RM	pulo
PEI	shot it
A	CE
IS	80
HIS	Silec
	ter
INK	lly e
2	in p
DIN	TH
IFA.	EA.
5	Puld F
TH	Sho

PLACE OF DEATH	STATE OF MARYLAND
County Monlymery	CERTIFICATE OF DEATH
$\alpha \rightarrow \alpha$	Registration Dist. No. 2118
Village or City Stuthenting	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Lideon D /3	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mala While Single, MARRIED, Monus OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Dsy) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
am- 9 1850	1927 192 . to april 18, 1982,
(Month) (Day) (Year)	that I last saw hamalive on Africa 1923.2,
7 AGE [If LESS than	and that death occurred on the date stated above, at //i.3/ A, m,
l day,hrs.	The CAUSE OF DEATH * was as follows:
82 yrs. mos. 7 ds. or min.?	
B OCCUPATION (a) Trade, profession or	Chronic Valorlas pear disease
particular kind of work Hanne	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yrsmosds.
9 BIRTHPLACE	Contributory acuts Justisting nephritis
(State or country) Mountain	(Duration) yrsmos.3de.
10 NAME OF 0	20 Band. A
FATHER Samuel & Briggs	(Signed) The March M. D.
M 11 BIRTHPLACE	4-/9-/ 198 2 (Address) Community 14
OF FATHER (State or country) Mongdond	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients (Recent Residents)
OF MOTHER And Ch.	At place of deat' yrsds. ln the Stateyrsmosds.
(State or country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant Mr. Ida. of Bergen	usual residence
(Address) Faither sal	Parthurbure by africe 1981
15 File Cops. 20 1932 Backed Den Eldusons	20 UN JERTAKER ADDRESS
Registrar	I facture gailing
if more blanks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

04288

640

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, yrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospital meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

"Urnemia," "Weakness," etc., when a definite disease approved telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bro chopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Meusles, (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traintaken. Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sareoma, ctc., ot Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, by 9 9 Committee on Nomenclature of the "Heart failure," "Ilaemorrhage, Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

stateme

V. S. No. 1

PLACE OF DEATH Montg Co County

STATE OF MARYLAND CERTIFICATE OF DEATH

642×9

	ull NAME Cherles E I		St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)				
PERS	ONAL AND STATISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH				
Male White Single, Marred or Divorced (Write the word)			16 DATE OF DEATH April 19, 1932 (Month) (Day) (Year)				
6 DATE OF B	Mar 30 (Month) (Day)	(Year)	17 I HEREBY CERVIFY, That I attended the deceased from 1930 to afril 19, 1930, that I last saw have alive on agric 19, 1920,				
7 AGE	82 yrsmos. <u>19</u>	If LESS than I dayhrs. ormin.?	The CAUSE OF DEATH * was as follows:				
Dusiness, or which employed of the state or of the state or of the state of the sta	of Virginia OF R William W Brot		(Signed) *State the Disease Causing Death, or, in daths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sucidal or Homicidal.				
Y OF MO	THER Elenor Huttor	1	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)				
13 BIRTH OF MO			At place of deathyrsmosds. In theyrsmosds.				
(Informa	e is true to the Best of My Knownth Home Of Aged & Orgonal Gaithers burg	hants	Where was disease contracted, if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Parther or BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS				

Registrar

If more b.anks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farner the state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Julness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a aborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Physician. Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully em-For many occupations a yrs). For persons who have no occupation Farm laborer, Laborersingle word or term on -Coal mine, etc. Womfrom

spinal meningitis"; Diphtheria (avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebroed term for the same discase. Examples: Cerebrospina EATH ("NUSING DEATH (the primary affection with respect Strtement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); time and causation), using always the same accept. pneumonia, Bronchopneumonia ("Pneumonia

> (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, American Medical Association.) as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicuennia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Semile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection Chronic and consequences (e.g., sepsis, etc. The contributory valvular heart disease; need not be

data permanently filed. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the is essential and must be obtained before the certificate is

6	131	0	4	0
U.	化之	1	Į.	ĵ

				Registration	Dist. No.	211
4			No monta 5	. Was	St.,	Ward
1		(1)	f death occurred in a hospital or institut	ion, give its NAMI	E instead of street ar	d number)
n where	death occurred	yrsmos	s ds. How long in U.S. If of	f foralgn birth?		mosds.
ry	15 13	rown				
ig	(Usual place	of abode)	St.,Ward.	If nonresident	give city or town a	and State
TIST	ICAL PARTI	CULARS	MEDICAL CE	ERTIFICATE	OF DEATH	
CE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	apr	11-	, 193 2
rito	used			(Month)	(Day)	(Year)
neu	& Brown	on	22. IHEREBY	CERTIF	//	ed dacaased from
n 2	12-10	t 1865	I last saw have alive on	a -12/	Metal "	2 death is said
nths	Days	If LESS than	to heve occurred on the data states		-79.m.	
/	1//	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT	H and raiated cause	es of importence	15111
	9 (Left Luka	- Ineu	monica	Date of onset
VER, merchan			with please	Lellu	sion	
. Gen	Il Stor	e		00		***
	II. Total t	ime (yaars)				
lar		ntin this upation	-			
ewo	und Co		Other Contributory Causes of impo	rtance:	2/4	130475
In			- Gauntalias	-	7-1	
1	V Bro	non	enest la	ulo acc	ellett.	
la	and my	Co	Name of acception		D-14	
7	nil	90	Nama of operation	Para	Date of	
1	Ou do	~1~~1	What test confirmed diagnosis?			
7/4	2 Course	ru r	23. If daeth was dua to axternal caus			ing:
6	ma -		Accident, suicide, or homicida?		Data of Injury	19
0			Where did injury occur? 122 ????	(Specify city or	town, county and S	tate)
0 6	Inow		Specify whather injury occurred in	INOUSTRY, in HO	ME, or In PUBLIC	PLACE.
Mor	med.					
A	01.	.0 2	Manner of injury			
12	- Oata	29,199	- Natura of injury			
Jar	her		24. Was disaase or injury in any wa	ay related to occupa	ation of dacaesed?_	no
20	the ?	mil	If so, specify			
0	Dagon.	261	(Signad) Braso.	Lumon	leson	M. D.
	a grova	Registrar.	(Addrass) Sauce	dy So	record. 3	1
If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Re		The state of the s	

(210-m

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related confimportance were as follows:	auses Date of onset	The principal cause of death and related cause of importance were as follows:	S Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURKAU	3723 2.1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If nonresident give city or town and State (Day) (Year) T 1 F Y. That I attended deceased from Date of onset (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nuchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
10 30 year			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		82-0
Village or City Jakonna	Park (11	No. 103 Lucolu Ust Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occur		
2. FULL NAME Buy an	in Fales	Browne
(a) Residence: No. 103 Zulico (U.	sual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HU3BAND of (or) WIFE of Horence	Browne	22. I HEREBY CERTIFY. That I attanded deceased for
6. DATE OF BIRTH (month, day, and year) Jan	4 1850	Hast saw have alive on Of 17, 1932; death is said
	Days If LESS than	to have occurred on the date stated abova, et 5 22 m.
82 3 1	1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and raiated causes of importance ware as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	lesale	artirio-selvon
SAW MILL, BANK, etc 10. Date dacaased last worked at this occupation (month end	yer	define
10. Date dacaased last worked at this occupation (month end year)	1. Total time (years) spent in this occupation	•
12. BIRTHPLACE (city or town)		Other Contributory Course of importance:
13. NAME allred Brown	Q	
13. NAME (Street Brown) 14. BIRTHPLACE (ofty or town) (State or country)		Name of oparation Date of What tast confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Fales		23. If daath was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Fales 16. BIRTHPLACE (city or town) (State or country)		Accident, suicida, or homicide?
17. INFORMANT Mrs. Flyrences (Addrass) 13 Fineson ave	71 Browne	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Pice Cledar Hill Data	Spril 21, 19 32	Manner of injury
19. UNDERTAKER: W/W Cham	hen Ro	24. Was diseasa or Injury in eny way related to occupation of daceased?
(Address) 400 Phase in	It nw.	If so, specify
20. FILED 4218 , 1932 HES	Jogers	(Signad) Jille M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Work DC

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 5 1932	July 5,1927	Peritonitis .	3 days ago
	BUREAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

M	N. B.—WRIVE PLAINLY, V. H. UNFADING INK—THIS IS A PERMANENY ECORD. Every item of information-should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
• (NY ECORD. LY. PHYSI d. Exact sta	
R BINDING	A PERMANE ed EXACT perly classifier	ficate.
ERVED FO	K—THIS IS hould be state may be prop	back of certi
MARGIN RESERVED FOR BINDING	I UNFADING INI supplied. AGE sl in terms, so that it	TION is very important. See instructions on back of certificate.
•	PLAINLY, Vould be carefully or DEATH in plan	ery important.
V. S. No. 1	N. B.—WRIVE matromsh () CAUSE 0	TION IS

STATE OF MARYLAND-	CERTIFICATE OF DEATH (4293)
1. PLACE OF DEATH	277 223
County Montgomery	Registration Dist. No.
Village or City Takonia Bash wooling	long Cambarin & Horneled.
(1)	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrs mos	19ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mrs Ines Budd	
(a) Residence: No. Colesville Manylan	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
France Migro Widowed	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Com. Budd.	
6. DATE OF BIRTH (month, day, and year) June 14-1888	I last saw here alive on aperul 5 ,1932; deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the dete steted above, et . 7 5 5 P. m.
43 9 22 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were es follows:
kind of work done, as SPINNER, teacher SAWYER, BOOKKEEPER, etc	Tubercular alrenas Things 1926
kind of work done, as SPINNER, Cochur SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and this cocupation (month an	and was fully the
SAW MILL, BANK, etc.	
Spant in this Olana	
year) occupation 1 9	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) . Aarrdy Springs	
(State or country) Maryland	
13. NAME Chas. Cole	
14. BIRTHPLACE (city or town) Sandy Springs	Neme of operation aurelles Sime Dete of 5/28/30
(State of country)	Whet test confirmed diegnosis? By mp towns Wes there en eu opsy? Mes
16. BIRTHPLACE (city or town) Sandy Spring	23. If death was due to external causes (VIOLENCE) fill In elso the following:
0 16. BIRTHPLACE (city or town) thinky dyrung	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / Pospilal Record	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Takoma Vark 18. BURIAL, CREMATION, OR REMOVAL	
Plece Sanay Spring Date april 7, 1932	Manner of Injury
PI (D)	Nature of injury
19. UNDERTAKER Blook. Dnswden	24. Was diseese or injury In any wey related to occupation of deceased? 100
(Address) Rockendele. Mid.	If so, specify AC-A-
20. FILED afrita 7, 1932 / Barnsley	(Signed) M. D.
Registrar.	(Address / African functions)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerasis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 4 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days aga
BURLAU	.)		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastraenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Montgommy	Registration Dist. No. 2/1
Village or City Iron Oling mod	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a norphili of institution, give its textitie instead of street and author) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Coming V Carter	
(a) Residence: No. Offing 2mol	St., Ward.
(Osual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEDT	21, DATE OF DEATH
Lensole Cal marries	(Month) (Day) (Pear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
A DATE OF BIRTH (worth day and work)	I last saw hell alive on about 22 Hg. 1992; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 5 10 Pm.
46 8 04 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	myocarditis 2/20
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent In this occupation 2.0	
12. BIRTHPLACE (city or town) Maryland (Stata or country)	Other Contributory Causes of importance: Influent a
13. NAME Nelson Colose	
13. NAME Pelson Collase 14. BIRTHPLACE (city or town) 2 may Land (State or country)	Nama ef oparation
(State of County)	What test confirmed diagnosis? Was there an autopsy?_26
15. MAIDEN NAME Clig A 16. BIRTHPLACE (city or town) 2 may land (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Pelson Chare (Address) Brookrile 2009	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOYAL Place Brook Trosal Date Opril 25, 19-2 2	Manner of injury
19. UNDERTAKER And Markers Barbar Markers Markers Markers Barbar Markers Barbar Markers Barbar Markers	24. Was disease or injury in any way related to occupation of deceased? NO
20 FILED Offil 24,1922 CBarnstey Registrar.	(Signed) Saudy Formy M. D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis A 4 1972	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	8	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesalc merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis E S S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 5 1032			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The second secon	1		

MARGIN RESERVED FOR BINDING

V. S. No. 1

d.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	40 (4296
County Montgoneras	Registration Dist. No. 214
Village or City Islands	No. 840/ Cidar I St., Ward
Length of residence in city or tewn where death occurred	death occurred in/a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrstnosds,
2. FULL NAME OLL Solla So	uner
(a) Residence: No. S. Ho. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Actuacy	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If merried, wildowed, or divorced HUSBANO of (or) WIFE of Terman Soine Soine	22. I HEREBY CERTIFY That I ettended deceesed from
6. DATE OF BIRTH (month, dey, end year)	liest saw h. 2 elive on abr. 2 1932 death is said
7. AGE Yeers Months Deys If LESS than	to heve occurred on the dete steted above, at 6 . 15 . m.
58 3 6 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows:
8. Trade, profession, or perticuter	Carenoma of The
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 19. Industry or business in which	Stomach and pareceas " 6/1/31
No SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Oet decessed lest worked et this occupation (month end specific properties).	
O Oete deceesed lest worked et this occupation (month end year) occupation	
(b) n	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country) Ongland	
13. NAME Thomas, Sampson	
13. NAME Thomas lampeso	Neme of operation Pastro - Exterostory Oate of July 193
(Stele or country) (ngland:	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Comma Junes.	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Mis Mildred Phillips	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Menner of Injury
Place To incompete 7-5,1972	Neture of injury.
19. UNDERTAKER HOD Chamby	24. Wes diseese or injury in any way related to occupation of deceesed?
20. FILEO 4/2/32, 19 Ralphill selfer foral Registrar.	(Signed) all rade Norce M. D. (Address) Sig Jan or st
The more blanks are model address Costs Devices	N Challes Date Date Date N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE	OF MARYI	AND-CERTIFICATE	OF DEATH
--------------------------------------	-------	----------	-----------------	----------

1. PLACE OF DEATH		(N5)	64297
County Montgo	MESH	Registration	Dist. No. 213
Village or City	nille	NONONo	St., Ward
Length of residence in city or town where d			
2. FULL NAME TERISTI	ne A. Conn	ell.	
(a) Residence: No.	(Usual place of abode)	St., Ward.	nt give city or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month)	94 , 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIF	Y, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	ely. 24 1855	Host can trans alive on trong appr	19, 19, 19
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 2	Pm.
76 9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cau were as follows:	
8. Trade, profession, or particular	A + 1	The tody when In	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ellered	Sun Longing hr 1	the ruck
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and			
work was done, as SILK MILL, SAW MILL, BANK, etc.		Strongolation	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation		
your ,	oc.upation	Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town) Mary (State or country)	y fand.	Dud when from	2 Run
13. NAME James	bonnell		
14. BIRTHPLACE (city or town)		Name ef operation	Date of
(State of country)	gland	What test confirmed diagnosis?	Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city er town) (State or country)	Hobbs	23. If death was due to external causes (VIOLENCE)	fill In also the following:
0 16. BIRTHPLACE (city er town)	f. A	Accident, suicide, or homicide?	Oate of Injury 1/27, 1922
State or country)	yland	Where did Injury occur?	for 20 m.
17. INFORMANT MAS FIGURE (Address)	Spring	Specify whether injury occurred in INDUSTRY, in H	town, county and State) IOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Reporte 4,96 ,1932	Manner of injury 14 Manner of injury 2 Manner of injury 2 Managed Later	reof
19. UNOERTAKER / Karpen (Address)	fumphrey,	24. Was disease or injury in any way related to occu	pation of deceased? 770
20. FILEO 4/26 , 1932 MM	s. N. J. Crall Registrar.	(Signed) On John	M.D. M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of of importance were as f	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri		1921	Run over by street car	1 week ago
Cerebral hemorrhage	Mail 4	July 5,1927	Peritonitis	3 days ago
	BUREAU V.B	1		
Other contributory cau	7		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 64298
1. PLACE OF DEATH	[3])
County Mantgomery	Registration Dist. No. 216
Village or City In her labor Drighto	ND. 10 1 Willand and St Ward
(If Length of residence In city or town whare death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME anie C. Cools	
(a) Residence: No. 10 1 Willard and (UsusIplace of pode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence a. H. Cools	22. I HEREBY CERTIFY. That I attanded decassed from
6. DATE OF BIRTH (month, day, and year) Que	I last saw h. W. aliva on Nov B, 19 32; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$ 45 Am.
74 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca wera as follows:
8 Trade profession or perticular	Cerebral Hemorrhage apris
Industry or business in which work was dona, as SILK MILL,	Chronic Nephritis ?
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month and year) occupation.	
12. BIRTHPLACE (city or town) (State or country)	Dither Coutributory Causes of importance: Previous Carebral Hemorrhaye 1930
II. NAME Weller	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Nama of operation work Date of
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT James Q. Vermillio (Address) 1412 madie and D. D.	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Date April 8 1932	Manner of injury
19. UNDERTAKER January Today T	24. Was disaase or Injury In any way related to occupation of deceased? If so, specify
20, FILED + 1 8/32, 19 Buij C Percel	(Signed) At Earragene Cofe M.D. (Address) 639 6 and Capital
If more blanks are needed, address State Registrar, a	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一				
The second of th				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 64299
1. PLACE OF DEATH	95B
County Mong ognery	Registration Dist. No. 7 2/3
Village or City Phollewille	NoSt,Ward
Length of residence in city or town where death occurred 7.0 yrs	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?mosds. .
2. FULL NAME Klay & mina Mari	◇
(a) Residence: No. 100 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Knamed	21. DATE OF DEATH Upr. 25 (Magath) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (for WIFE of / Locace & Works)	22. MI HEREBY CERTIFY. That I attended daceased from 1931, to open 23 1232
6. DATE OF BIRTH (month, day, and year) Dec. 16-1855	I last sew h alive on - 12/5 , 19.3 % death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at _ 6 m.
76 4 9 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
8. Treda, profession, or particular kind of work done as SPINNER	Organie hart mar
kind of work done, as SPINNER, Awyer, BOOKKEEPER, etc.	1931
work was dona, as SILK MILL, WORK SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL. 10. Date deceased last workad at this occupation (month and yeer) 11. Total time (years) spant in this occupation occupation	yr
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importanca: My card fis apr.
1	- 1.43
H	1
4 14. BIRTHPLACE (city or town) (Stete or country) (Mary Carlot)	Name of operation
	What test confirmed diegnosis? Was thera an autopsy?
H A	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur?
17. INFORMANT Frank Days (Address) Polesmile	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 122 elleville Date Jul 27, 1983	Natura of injury.
19. UNDERTAKER / SULTAN + OTTELL (Addrass)	24. Was disease er injury in any way related to occupation of deceased? 70
20. FILED 4/25, 19 33 E.W. White Registrar.	(Signed) Ew White M. D. M. D. (Address) Py Level M. D.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife nanswer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of onset of importance were as follows:			Example II	100
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	MAY & 1992	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
<u> </u>				
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

6		-	E,	3	4	À	6	1
l	F	4	ę	3	1	Į.	Υ.	¥

1. PLACE OF DEATH	(4.)(10
County Monk gomer 1	Registration Dist. No. 223
	No Wash, ag ten San tarium t Hastral Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	7ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME My. William Jove	
(a) Residence: No. 5 6 6 0 1H (Usual place of abode)	St., Ward bashing ton DC. N nonresident give kity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The seried, widowed, or divorced.	21. DATE OF DEATH April 20, 198 3 2 (Month) (Day) (Year)
HUSBAND OF mary Whiting	22. I HEREBY CERTIFY. That I attended deceased from Upril. 13, 1932 to Upril 20, 1932 death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2111 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chronic interstitual
work was done, as SILK MILL,). Morey Wow Coal 6	nephrilis,
10. Date deceased last worked at this occupation (month and 1925 (7) spont in this occupation (month and 1925 (7) spont in this occupation (month and 1925 (7))	
12. BIRTHPLACE (city or town) Washing Kon)e.	Other Contributory Causes of importence:
II 13. NAME Mr. William T. Dove	right sidner
(State of country)	Name of operation Date of What test confirmed diagnosis? Clinical Lab Wes there en au opsy? 440
15. MAIDEN NAME anna R Parker	23. If death was due to externel causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
17. INFORMANT Washington Sanitarium Regards (Address) Takona Park Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL Place Wash D. C. Date 4-21, 19.82	Manner of Injury
19. UNDERTAKER for Gawler's form	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED apr 21, 1932 Harbyers Registrar.	(Signed). M. D. (Ardress) 4815 - W 1 W
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiul nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
MAY E 1012			
Other contributory causes of importance:		Other contributory causes of importance:	-47/-17/4-
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH County Montgomery	STATE OF MARYLAND ()1 CERTIFICATE OF DEATH
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Registration Dist. No. 2/2
Village or City Workerson (No	St: Ward) St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 BEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WYDOWELL OR DIVORCED (Write the word)	16 DATE OF DEATH April 28 th 1932 (Month) (Day) (Year)
6 DATE OF BIRTH March 21853 (Month) (Day) (Year)	HEREBY SERTIFY, That I attended the deceased from 1571 to Will 28 1932 that I last saw h W alive on Opice 28 1932
7 AGE 79 yrs. / mos. / ds. or min.?	and that death occurred on the date stated above, at 9 Fl. m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Housekeeper	Rego- Cardillo
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) / yrs. 2 mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Duration) To a mos da,
FATHER EMVS. Bussard	(Signed) Jickerson Dickerson
OF FATHER (State or country) Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Susanna Woods	10 LINGTH OF RISIDENCE (For Hospitals, Institutions, Brans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) Dollie Gibney	Former or usual residence
(Address) Hagerstown md	Beallsville apr 30, 1932
15 Filed apr. 29 1982 Mrs. C. Nillon	20 UNDERTAKER ADDRESS WMT/filton & Long Bornsoll
If more blanks are needed, addre.s Ltate Kegistras	, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Duy laborer, Farm loborer, Loborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationory firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci tired 6 yrs). or given up on account of the state occupation at beginning of illness. If retired from state occupation at beginning of illness, If retired from gaged in domestic service for wages, as Scroonl, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

use of "Tumor" for malignant neoplasms); Meosles; approved by Committee on Nomenclature of the "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," (E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencorbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troin taken. For violent deaths state means of injuly State cause for which surgical operation was under-(secondar/ or intercurrent) (Recommendations on statement of cause of death (clanus) may be stated under the head of "contributory." American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic volvular affection need not be etc. The contributory heart diseose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Oluky Wed.	Registration Dist. No. 2/7 Registration Dist. No. 2/7
Langth of residenca in city or town where daath occurradyrsmos	ds. How long in U.S. if of foreign birth?
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceasad from
0. 0.00	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) Comment 28, 1932	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	asphysication Deterforset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cord was prolaped ?
70. Date decessed last workad et this occupation (month and spent in this occupation corupation occupation	at home But to hotpital in
12. BIRTHPLACE (city or town) Olum, Tud, (State or country)	Other Contributory Causes of importants.
13. NAME Forest Devall	
13. NAME + out & wall 14. BIRTHPLACE (city or town) The country)	Name of operation Alelew g. Data of 4 - 28 3. What tast confirmed diagnosis? Was there an autopsy?
IS. MAIDEN NAME Stand Frail Pres	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Procedure 16. BIRTHPLACE (city or town) Md. (State or country)	Accidant, suicide, or homicide? Date of injury, 19
17. INFORMANT Edith Prather (Address) Saither from Tud.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Estary of water Data afer of 9 1952	Nature of Injury
19. UNDERTAKER Aging Complexes	24. Was disaase or injury in any way releted to occupation of deceesed?
20. FILED april 28, 1932 CB aruslas Janistra.	(Signad) And Be M. D. (Address) Landy Opring, Kid
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of cpilcpsy	1 week ago
Chronic interstitial new	hritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	MAY 4 1932	July 5,1927	Peritonitis	3 days ago
	STREAU V.S.			
Other contributory	causes of importance.	2.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

properly classified.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

certificate.

M	infor state	1
	of Diagram	
	shot of 0	-
	PHYSICIANS should state	The Part of the Pa
•	ECO PH Sxact	

STATE OF MARYLAND-CERTIFICATE OF DEATH

64303

1. PLACE OF DEATH	(50)
County Montgomery	Registration Dist. No. 223
Village or City Tohoma Harb wash	my No. Santarin & Haspital Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
	.25 ds. How long in U.S. if of foreign birth?
2. FULL NAME Min alace Eva Ed	
(a) Residence: No. 16 30 D. Skrud. NW	St., Ward. Washington D.C.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH Opril 8 100 2
fande White Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	7 16. 14 1932 to april 8 19.32
6. DATE OF BIRTH (month, day, and year) May (3-1976	1 last saw h w alive on april 8 , 19.32; daath is sald
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 3 ° P.m.
76 / 0 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 8 Trade profession or particular	were as rollows: Date of onset 1936
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and company).	Carcinoma of Breach Supply
S. Hindustry or business in which work was done, as SILK MILL,	1
SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and 1932) spont in this occupation occupation occupation	
Yanna	Other Cuutributory Causes of importance:
12. BIRTHPLACE (city or town) Cliny (State or country)	
A CONTRACTOR OF THE CONTRACTOR	
E	Ban-2/4, 217, 1-
4. BIRTHPLACE (city or town) (State or country)	Name of operation Breasy Charge Water of
	What test confirmed diagnosis? Mailedge cal Was there an autopsy? Me
15. MAIDEN NAME CLIC LESSY 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENGE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Mai (bling & France (wice	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mus our a. Callery Come an Thirty	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Working ton We Data 4/8/ 1982	Nature of Injury
2-1 Mar an lan	
19. UNDERTAKER 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	24. Was disease or Injury in any way related to occupation of deceased?
01:0% 0 800	(Signed) 1.6. Varanfor M.D.
20. FILED afreil 1, 19 8 2 0. 6. el & gele. Registrar.	(Andress) Telon Park mi

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis LAAV	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage STEPEAU V.S.	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:	11034	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

	Α	1.	10	11	
1	4	0	0	1	

1. PLACE OF DEATH		(131)		
County Mer tary	uru	Regis	tration Dist. No. 2	14
Village or City Allvar	prings	No. 745 Selver of death occurred in a hospital or institution, we it	ring ave st.	Ward number)
Length of rasidence in city or town where	death occurredyrs/mos	ds. How long in U.S. if of foreign b	irth?yrs	mosds
2. FULL NAME Law	Ellis			
(a) Residence: No. 745 JU	(Usual place of abode)	St., Ward.	nresident give city or town as	nd State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFI	CATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month)	- 23 (Day)	, 193 2 (Year)
5a. If married, widowed, or divorcad		(month)	(Day)	(Teal)
HUSBAND of (or) WIFE of	noun	22. HEREBY CER 4-17 1922	TIFY. That I attende	d daceasad from
6. DATE OF BIRTH (month, day, and year) 5	-12-1867	I last saw her aliva on 4	- 22 ,193	2; death is said
7. AGE 45 Years Months	Days If LESS than I dayhrs.	to have occurred on the data stated above, at The PRINCIPAL CAUSE OF DEATH and rela were as follows:	5. Am.	1
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Nione	Berebral Here	orrhage	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc				
10. Date decaased last worked at this occupation (month and year)	11. Total tima (years) spant in this occupation			
12. BIRTHPLACE (city or town) (State or country)	nnia)	Other Contributory Causes of importance:	il nephrit	·
13. NAME unham		wavestewa		
13. NAME 14. BIRTHPLACE (city or town) (Stata or country)	1011	Name of operation What test confirmed diagnosis?		7
15. MAIDEN NAME		23. If daath was due to external causes (VIOL		
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	9	Accidant, suicide, or homicide?	The second second	•
17. INFORMANT Juni Etta	Pessagno	Where did injury occur?(Specif Specify whather injury occurred in INDUSTR	y city or town, county and S Y, In HOME, or In PUBLIC F	
18. BURIAL, CREMATION, OR REMOVAL Place Col an All Cersul	y Date april 254, 1937	Manner of injury		
19. UNDERTAKER Program Seyer (Address) (113 - 75x, 9	Suns 1. It Stockington Ald	24. Was disease or injury in any way related If so, specify	to occupation of deceased?_	
20. FILED april 24, 1932 3	6. Windling Agistrar.	(Signed) (Address) 1016	Capital &	М. С

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person BUEZAU V.S. who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS BY PHYSICIAN
---------------------------------	------------------------

PLACE OF DEATH STATE OF MARY CERTIFICATE OF DEATH County moularman Registration Dist. No. Village or City Ward) (If death occurred in a hospital or institution, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PP 4 COLOR OR RACE 5 SINGLE. 3 SEX MARRIED, May 16 DATE OF DEATH BINDING WIDOWED. OR DIVORCED -(Day) (Write the word) 17 HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH 0 at C and that death occured on the date stated above, at 7 AGE IIf LESS than I day hrs. pile RESERVED term yrs. 2 mos. ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in (Duration) 2 which employed or (employer) MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) _____yrs..... 0 10 NAME OF FATHER 0 (Address) 124 II BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Caus s, atate (1) Means of Injury and (2) whether (State or country) Accidental, Suicidal or Homicidal, 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Biospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yis ... mos. I.Q. ds. (State or country) Where was disease contracted, KNOWLEDGE if not at place of death? .. of shot Every Item CIANS shot usual residence .. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS 20 UNDERTAKER If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sury to know (a) the kind of work and also (b) the Civil engineer. Stationary freman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of f thress of various pursuits can be known. The quescupition is very important, so that the relative health Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-(a) en at home, who are engaged in the duties of the tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househou shold only that paid Housekeepers who receive a whatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal (fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia"); Lobar pneumona. Bronchopneumonia ("Pneumonia,")

stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PJERPERAL septicaemia," "PJERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; "Exhaustion, tetanus) may be stated under the head of "contributory" carbolic acid-probably suncide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUIGIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. approved as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train American Medical Association.) (name origin: "Cancer" is less definite; avoid "Atrophy." "Collapse." "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJUNY ьу on," "Heart failure," "Ilacmorrhage, Committee on Nomenclature of the Chronic affection need etc. valvular heart Always qualify all The contributory Meastes; discuse; not be

If this certificate is baked over thoroughly and all questions answered in derail, it will prevent further correspondence. Let the data is essential and must be obtained before the certificate is permanently fied.

re r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of infor-	1. PLACE OF DEATH	1070
should of OCC	County Montgonery	Registration Dist. No. 2/
sho of O	Village or City by Surfeed (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
A AS	Length of residence in city or town where death occurredyrsmos.	
Every CIANS ement	2. FULL NAME merefix human	tulleston
	(a) Residence: No. Berkerda, Ned RFL)#	St., Ward. If nonresident give city or town and State
ECORDPHYSI ract stat	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
KECC Y PI Exact	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH apr. 42 1932
ING NEN CTL ified.	5a. If married, widowed, or divorced	(Monty) (Day) (Yaar)
BINDING PERMANEX EXACT y classified te.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) July 9 = 1931.	Hast saw h in alive on while 1932 death is said
	7. AGE Years Months Days TLESS than	to have occurred on the data stated above, atm.
FOR IS A F stated properly	8 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trada, profession, or particular kind of work dona, as SPINNER,	Quite bronds bullingers
	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Sindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	Coccept
SERVI NK-T] should it may n back	SAW MILL, BANK, etc)
RESE NG IN AGE so that it ons on	this occupation (month and spant in this occupation year)	
Z	12. BIRTHPLACE (city or town) Meanyland	Other Contributory Causes of Importance:
MARGIN UNFADI supplied. n terms, so	(State or country)	
MARGI UNFA supplied n terms,	13. NAME Nevelith Fulletin	Diane
	14. BIRTHPLACE (city or town) (State or country)	Name of operation. Date of
fully n pla		23. If death was due to external causes (VIOLENCE) fill in also the following:
	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19,
AINLY, Id be can DEATH	(State or country)	Where did injury occur?(Specify city or town, county and State)
C DE I	17. INFORMANT Meredith Felleston	Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLAIN Should b OF DE	(Address) 18. BURIAL, CREMATON DE RELIQUAL 25	Manner of Injury
	Place Holge Que apr. 6, 1932	Nature of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER Warney Clamphing	24. Was disaasa or injury in any way selated to occupation of deceased?
B.	(Address) Acchaelle Address	If so, specify S. J. Jacob feed M. C. (Signed)
(*) z	20. FILED Up S , 193 2 Dey C. Persigner	(Signed) (Settled Mid)
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

F	example I	-7.	Example II	
The principal cause of de of importance were as follows:	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 7 1009	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	127/12	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BULLATU W	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

w! a ever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from OF given up on account of the bisease causing Death, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occ. pations of persons enployed, as At school or At home. (are should be taken work, or At definite salary). may be entered a Housessife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, sapecially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter (1) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc 6 118.). For many occupations a single word or term on Home, For persons who have no occupation and children, not gainfully em-But in many

Stacement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epicenic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association. head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbulic acid-probably suicide. The naas probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, of "PUERPERAL sepiicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railroay State cause for which surgical operation was under-"Uraemia," "Weaknes.," etc., when a definite disease stated unless important. Example: Mcasles use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Caroinoma, Sarcoma, etc., of Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" Is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debllity" ("Congenital," "Senile," etc.), (Recommendations on state-"Соши," "Соп-Measles; (mcrely (disease (secondnot be etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state OCCUPA.

Jo

1. PLACE O County____ Village or (

Length of res

PERSON

2. FULL NA (a) Resider

5a. If married, widov HUSBAND of (or) WIFE of

6. DATE OF BIRTH

8. Trade, profe

9. Industry or work we SAW MI

10. Dato deceas

13. NAME

12, BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

18. BURIAL, CREMATION.

(Address)

19. UNDERTAKER

year) _____

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city er town

(State or country)

OR

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

DEATH

TION is CAUS

hould OF

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (4308
CE OF DEATH	93-0
nty Monty -	Registration Dist. No. 2/3
age or City Evoluse	No. St, Ward
0/	death occurred in a hospital or institution, give its NAME instead of street and number)
th of residence in city or town where deeth occurred 3 layrsmos	ds. How long in U. S. it of foreign birth?yrsmosds.
L NAME Maryaretty H. J.	rubb
Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Worth) (Day) (Yeer)
ed, widowed, or divorced IND of IFE of Least	22. I HEREBY CERTIFY, That I ettended deceased from 1932 to 642544 1932
BIRTH (month lay, and yeer) Nov 7 1849	I last saw h elive on apr 34 , 193 c death is said
Years Months Deys If LESS than	to have occurred on the dete stated above, at
8 2 4 9 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were es follows:
de, profession, or particuler kind of work done, as SPINNER. A ruse work SAWYER, BOOKKEEPER, etc.	myre ardits Date of onset marite
ustry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	
o deceased last worked at this occupation (month and / spent in this	

occupation

Other Contributory Causes of importance: Whet test confirmed diagnosis?____ Wes there en autopsy?_ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date af Injury Where did Injury occur?___ (Specify city or town, county and State)
Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. Menner of Injury Nature of Injury If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 MAY 4 MS			
Other contributory causes of importance.	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

should state	of OCCUPA-	
PHYSICIANS	oct statement	
XACTLY.	classified. Exa	
stated E	properly	certificate
- da	di	-
should be	it may be	on back of
d. AGE should be	s, so that it may be	ructions on back of
ly supplied. AGE should be	lain terms, so that it may be	See instructions on back of
ition should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	NUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ON is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (4309)
1. PLACE OF DEATH	95-7
County Montgomery	Registration Dist. No. 2/6
Village or City 13 Itherata	NoSt,Ward
Length of residence in city or town where death occurred 5 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mssds.
7 1 7	2
2. FULL NAME Organ I hours	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha wgrd)	21. DATE OF DEATH
male white married	(Morph) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That i attended deceased from
(or) WIFE of Cora Israel	7-6. 1932 apr. 25 19 3
6. DATE OF BIRTH (month, day, and year) July 15, 1865	I last saw here alive on Of 1937 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at
66 9 10 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Data of onset
kind of work done, as SPINNER, Clerk	acute precus to year of.
9. Industry or business in which work was done, as SILK MILL, U. S. Treasury SAW MILL, BANK, etc.	
U 10. Date deceased last worked at 7	
this occupation (month and 18th, 1932 spent in this 409	?
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Chrowe Cartio bascular
13. NAME Frank Stack	disease.
13. NAME Frank Society 14. BIRTHPLACE (city or town) Mehranka	Name of operation 2000 Date of
(State of Country)	What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis?
16. BIRTHPLACE (city or town) - Tuhanal	23. If death was due to external causes (VIDLENCE) fill in elso the following:
[16. BIRTHPLACE (city or town) - 1- A	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION/OR REMOVAC	
Place fairfux Va. Date apr. 27, 1932	Manner of injury
	Nature of Injury
19. UNDERTAKER AND STATE OF THE CANADA CONTROL OF THE CONTROL OF T	24. Wes disease or injury in any way celeted to occupation of deceased?
anilat 25 B: 10 Pins	(Signed) (Si
20. FILED 49 25, 1932 USING Registrar.	(Address) Betherda Mid.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis , , , , , , , , , , , , , , , , , , ,	3 days ago
eq.		Gagraga	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04310
	No. Hodges Namy farm St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME MM MAGNER — stell (a) Residence: No. Hoogs Davy Fanu (Usual place of abode)	bornchild of W. V + Bertha Jack. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE/ OR DIVORCED (wind the word)	21. DATE OF DEATH And 29 12 193 2 (Month) (Day) (Year)
53. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 29, 19.32, 10. 29, 19.32
7. AGE Years Monfhs Days If LESS than 1 day,	to have occurred on the date stated above at 9:30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Practicular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) occupation	Prematur Reparation Data of onset Prematur Reparation Data of onset The placenta survives The days ago no doubt
12. BIRTHPLACE (city or town) Takoma Park Wed - (State or country)	Other Contributory Causes of importance: (XENTINUM (Sex Menue)
14. BIRTHPLACE (city or fown)	Name of operation Date of What fest confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / DENtha Gay tor 16. BIRTHPLACE (city or town) Uniquina (Stafe or country) 17. INFORMANT M'W Jack (Address) Hada to Nain Fame	23. If deafh was due fo exfernal causes (VIOL ENCE) fill in also fhe following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Edantill Constery Ned Date apr 30 , 1932	Manner of Injury
19. UNDERTAKER H.B. Nevrus, (Address) Wash. D.B. 20. FILED Afor 29, 1932 H.E. Gerstrar. Registrar.	24. Was disease or injury In any way related to occupation of deceased? 200 If so, specify (Signed) Laurella E Kleas M. D. (Address) 705 Lawrell Cur Takonnal

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4-0-24-44-4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis CEI SAM	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state ECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement stated EXACTL properly classified. FOR BINDING A PERMANEN See instructions on back of certificate. IS UNFADING INK-THIS MARGIN RESERVED AGE should be be CAUSE OF DEATH in plain terms, so that it may should be carefully supplied. TION is very important.

V. S. No. 1 N. B.—

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	79-20
County Montgy	Registration Dist, No.
-7 .7 /	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME WALLEY	Δ1 _γ .)
(a) Residence: No. Jackus (Usual place of abode) Time	Ast., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (waits the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Spalle Region See C. DATE OF RIPAL (month december)	22. I HEREBY CERTIFY That I attended deceased from 12 J. 19.32 to July 2 J. 19.32 to July
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, at U Pm.
1904 28 2 24 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or perticular	were as rollows: Date of onset 4/1.1/32
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10 Deto deceesed last worked et 11. Totel time (years)	70
Deto decessed last worked et this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Wassey Constitution (State or country)	Dither Contributory Causes of importance:
13. NAME Letters Preys - 14. BIRTHPLACE (city or town).	
4 14. BIRTHPLACE (city or town).	Neme of operation Date of
	Whet test confirmed diagnosis?
15. MAIDEN NAME ada Francher 16. BIRTHPLAGE (city or town) (State or country)	23. If death wes due to external ceuses (VIDL ENCE) fill In elso the following:
O 16. BIRTHPLAGE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT adu large mel	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece My give Date after 1931	Neture of injury
19. UNDERTAKER Property of Jackers (Address)	24. Was disease or injury in eny wey releted to occupation of deceased?
20. FILED GD. A 5 , 1932 Tallal Dave Stellson.	(Signed) (Address) Morthfill and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of deat of importance were as follow	n and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1 12 C 103	1921	Run over by street car	1 week ago
Cercbral hemorrhage		July 5,1927	Peritonitis .	3 days ago
	BURNAUN	. 8. (
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones .		May 1,1923	Gastrocnteritis	1 year

V. S. No. 1

certificate.

very important. See instructions on back of

1. PLACE OF DEATH	- MAKILAND	-CERTIFICATE OF DEATH	Mag real
County Montgomer	V	Registration Dist. No.	123
Village or City Takoma	Park	No. 403 Takoma Ave. S (If death occurred in a hospital or institution, give its NAME instead of stree	t., Ward
2. FULL NAME Rosa Dan		mosds. How long In U.S. if of foreign birth?yrs	ds.
(a) Residence: No. 403 Tak	Oma Ave. (Usual place of abode)	St., Ward. If nonresident give city or tow	vn and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	ТН
Female 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word Widow		, 193 2 (Year)
5a. If married, widowed, or divorced WIND TO XI (or) WIFE of Danie	l Kiefer	22. I HEREBY CERTIFY, That I atte	ended daceased from
6. DATE OF BIRTH (month, day, and year) M8 7. AGE Years Months	Days If LESS that	i last saw h a alive on a last saw h 19 to have occurred on the date stated above, at 3 30 km.	3.2; death is said
70 12	1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. NONE 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this properties this properties this properties this properties this properties the properties		Gardin friha	bg0. 20.
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Isfayette_Ind(State or country)		Other Coutributory Causes of Importance: An Crasi - 22 Purity Host Diss	Cons
ដ 13. NAME Abraham Danzie	er.	admin of the roid	243
13. NAME Abraham Danzig 14. BIRTHPLACE (city or town) (State or country) Germa			of of outcome?
	Fechheimer	23. If death was due to external causes (VIOLENCE) fill in also the fol	
15. MAIDEN NAME Marianna Fechheimer 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT A.D. Kiefer (Address) 403 T koma Ave.		Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
		(Specify city or town, county an Specify whether injury occurred in INDUSTRY, In HOME, or in PUBL	nd State) IC PLACE.
18: BURIAL, CREMATION, OR REMOVAL Place Fort Lincoln Date Apr. 3, 1932		Manner of injury	••••
19. UNDERTAKER \\ \(\text{\$\text{\$\sigma}\$} \) \(\text{\$\ext{\$\text{\$\exititt{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex	tion fev.	24. Was disease or Injury in any way related to occupation of deceased	d? ho
20. FILEDapril 3, 1932 2	6. Ropeles Registrar.	(Signed) Bre. C. Wiffing. (Address) 12 Subject on	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—kotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- MAY 5 1902			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1011 112 11		

1.4	0	4	1)
(14	J	I	1)

(Year)

Date of onset

mui por a	of Hant
11. Total time (years) spent in this occupation	Other Contributory Causes of importance:
known	Name of operation Date of What test confirmed diagnosis? Treed: 24 - Was there on autopsy?
known Riggs	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
_ Date afric 66, 1982	Manner of injury
Barber Shing not V A Depose Registrar	24. Wes disease or injury in any way releted to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

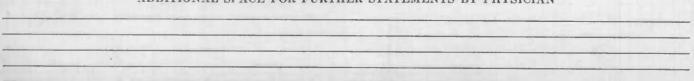
In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		1 gour
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUIG AU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PHYSICIANS should state RECORD. Every item of inforof OCCUPA. Exact statement stated EXACTLY. properly classified. TH UNFADING INK-THIS IS A PERMANEN certificate. OF DEATH in plain terms, so that it may be very important. See instructions on back of AGE should be should be carefully supplied. very important. PLAINLY, -WRITE ma don C. U.S.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(4313)	
County Mourgomery	Registration Dist. No. 216	
Village or City Caben John Med	No. St., Ward	
(Tr	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos,ds.	
2. FULL NAME CLA CO, NAWY		
(a) Residence: No. 6 The Condition (Usual place of abode)	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3-9EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
terralo (verito OR DIVORCED (write the word)	april - 174,1932	
5a. If married, widowed or divorced HUSBAND of	(Month) (Day) (Year)	
HUSBAND of Coles Rolets Fact	22. I HEREBY CERTIFY, That I attended deceased from	
The same of the same	720,01932 to pref 2 71832	
6. DATE OF BIRTH (month, day, end year)	I last saw harman alive on 1992. death is said	
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, etm	
80 / 2 3 or min.	were as follows: Date of onset	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	TZ april	
SAWYER, BOOKKEEPER, etc.	Maccelo meumory /932	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and this sepant legists) spent legists)		
0 10. Date deceased lest worked at this occupation (month and spent in this occupation)		
year)	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city of Gwil) Coletton Vinginia	Carcinoma of the	
(State or thinty) exceeding -	Carry 21/2	
13. NAME Claron Hammon 14. BIRTHPLACE (city or town) Virginia (State or country)	yeurs yeurs	
14. BIRTHPLACE (city or town) Varquina	Name of operation Date of	
(Citate of Country)	What test confirmed diagnosis?	
15. MAIDEN NAME Garaline Um hael	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	
15. MAIDEN NAME Caroline Com Nacl 16. BIRTHPLACE (city or town) (Caroline or country)	Accident, suicide, or homicide? Date of injury, 19	
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17, INFORMANT Sarale Hatterman	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) 18. BURIAL, CREMATION, OR BEMOVAL		
Place (eday Hell Cens. Date april. 26, 1932	Manner of Injury	
711 4 . 6	Nature of injury.	
19. UNDERTAKER Martin W. Styapyo Co. (Address) 1300 N St. 7 W. Marth 16. C.	24. Was disease or injury in any way related to occupation of deceased?	
(Address) 1300 N St. 71 W. Want. hl. C.	(Signed) (Signed) (M.D.	
20. FILED (Signed) (Signed) (Address) B. C. (C. (Address) B. C. (Address) B. (Address) B. (Address) B. (Address) B. (Address)		
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	04316
PLACE OF DEATH	STATE OF MARYLAND
County Montey	CERTIFICATE OF DEATH
0. 1 00 . TO 1773	Registration Dist. No. 714
Village or City Aug (No. 7) / 100.	Ward) St.: Ward) (If deeth occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Manuel White Wildweb. Manuel (Write the word)	16 DATE OF DEATH 2
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 18 2 1923 Dto afril 2 1 1923 Dto I that I lest saw here alive on afril 2 1 1923 D
7 AGE 8 D yrs. 2 mos. 4 ds. or min.?	and that death occurred on the date stated above, at 12.252 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Carsultus Retired (b) General nature of industry business, or establishment in which employed or (employer) House Construction	(Duration)
9 BIRTHPLACE (State or country) 10 NAME OF	Contributory having antitation Secondary and Ontervalle (Duration) (Signed) M. D.
FATHER Class Olylas	april 2/1932 (Address) 928 Sligs and Slow for
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many Surefusion	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)
OF MOTHER (State or Country) Mary land	At place of deathmosds. In the Statemosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual readence.
(Informant) Mrs S. g. Sliplan (Address) 917 Bonifa & St. Silvifin	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4/22, 1923.
Filedom 21 1922 TE landers	Willelle Tuenthry Rockille
If more branks are needed, address State Registran	r, 16 W. Saratoga St., Balto., Requesting y. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Narasmus," "Old Age," "Shock," tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart disease; Nomenclature The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1.

WATTE PLAN WITH UNFADING INK-THIS IS A PERMETENT	N. IV-Every item of unbrination should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF REATH in plain terms, so that it may be properly classified. Exact statement important, See instructions on back of certificate.	
LAIN WITH UNFADIR	Every item of purprisation should be carefully supportant. See that it may important. See instructions on back of certificate.	
WILLE	N. IV. Every Item of murri CAUSE OF REATH Important. See Instr	

		04317
4	PLACE OF DEATH	STATE OF MARYLAND
	County / none	GERTIFICATE OF DEATH
1	0	Registration Dist. No. 216
	Village or City Dulhelle (No. ,	St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, WILLOWN MARRIED WIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH Opil 36 (Year)
	6 DATE OF BIRTH LINCHOWN.	17 HEREBY CERTIFY, That I attended deceased from 191
	(Month) (Day) (Year)	that I last and halive on , 191
	about 80 yrs. mos. ds. 1 day, hrs.	and that death occurred on the date statest above at
140	B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	acute Dilatation of heart
	9 BIRTHPLACE (State or country) Market Market	Contributory Secondary
	10 NAME OF TURNOUN	(Signed) (Duration) yrs mos, ds
	OF FATHER (State or country)	Cynil 26 1913 L'(Address) & Selbertups
1	OF FATHER (State or country) Maintenance // Maintenance // OF MOTHER //	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)	Al place In the of most most most most most most most most
	(Informant) Mrs. John T. Code	Where was disease contracted, If not at place of death? Former or usual residence
	(Address) Gelhesda, Mr Filed april 26 1932 Buy C. Perry	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MO 2 , 19B)
1	REGISTRAR	Ly Sinet James 1432 you It -

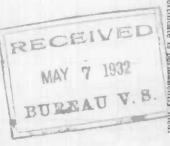
[Approved by U. S Census and American Public Health
Association.]

fact may be indicated thus: Farmer (retired 6 at beginning of illness. count of the disease causing Death, state occupation the occupation has been changed or given up on acvice for wages, as Servant. Cook, Housemaid. etc. the occupations of persons engaged in domestic serchildren, not gainfully employed, as At school or At entered as Housewife, Housework, or At Home, and Housekeepers who receive a definite salary), may be engaged in the duties of the household only (not paid Laborer precise specification as Day laborer, "Foreman," "Manager," "Dealer," etc., without more of the second statement. bile factory. Salesman, (b) Grocery; (a) Foreman, (b) Automo-As examples: (a) Spinner, (b) Cotton Mill; (a) latter statement; it should be used only when needed and therefore an additional line is provided for the and also (b) the nature of the business or industry, ments, it is necessary to know (a) the kind of work But in many cases, especially in industrial employengineer, Civil engineer, Stationary freman, etc. Planter, Physician, Compositor, Architect, Locomotive on the first line will be sufficient, e. g., Farmer or The question applies to every person, irrespectve of occupation is very important so that the relative For persons who have no occupation whatever, write Statement of occupation-Precise For many occupations a single word or term Care should be taken to report specifically -Coal mine. etc. The material worked on may form part of various pursuits can be If retired from business, that Women at home, who are Never return "Laborer," statement Farm laborer.

Statement of cause of death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhod pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Car-

> Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping Cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." g., sepis, tctanus) my be stated under the head of injury, as fracture of the skull, and consequences by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; cinoma, Sarcoma, etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," .. (name origin; "Can-The nature of the Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.—WRITE PLAINLY,

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 64319
1. PLACE OF DEATH	(R-O)
County My	Registration Dist. No. 214
Village or City fixey ffring	NoSt., W
Length of residence in city or town where death occurredyrs,mos	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foraign birth?yrsmos
2. FULL NAME William The	Mathewa
(a) Residence: No. fly this	St., Ward,
(Uspai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVERCED (write the word) Colored Course of Cou	21. DATE OF DEATH (Month) (Oay) (Year)
HUSBAND of Eliza Matheway	22. I HEREBY CERTIFY, That I attended deceased f
6. DATE OF BIRTH (month, day, and year) Leht. 7, 1880	I last saw harm alive on affirm 25 1932 death is
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 8 / A m.
57 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Muptured Cerebral Views 4/2
1 Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.	<i>f</i>
10. Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Lilve Hing (State or country)	Other Contributory Causes of Importance: Chronic Hartinitis 12/2
13. NAME Fletchy Wather	artiris relevance 1/21
14. BIRTHPLACE (city or town) Lilve Christian (Stata or country)	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Vance R	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) ALL (State or approximately approximat	Accidant, suicide, or homicida?
17. INFORMANT By L.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Kand Hahr Oate 4/29/1932	Manner of injury
19. UNDERTAKER Her- R. frankler. (Addrass)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO 4/26/3 2, 19 Ralfurfur Registrar.	(Signad) Abi(2 Mes an Films Hand
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Mau 1.1923 Gastroenteritis Gallstones 1 year

Death	ded not	occur un	maplewood	Lav.	
			0	K9.	

Re	gistra	ation	Dish	No.	21	4	

(If death occurred in a hospit I or institution, give its NAME i. stend of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

(Month)

MEDICAL GERTIFICATE OF DEATH

(Month)

3 SEX 4 COLOR OR RACE 6 DATE OF BIRTH

MARRIED. WIDOWED. OR DIVORCED (Write the word)

that I last saw

I HEREBY CERTIFY, That I attended the deceased from

OCCUPATION

7 AGE

class

proper

may

00

te

pia

O

0

SZ

00

State

O

RENT

4

BINDING

ERV

MARGIN

If LESS than

(Day

5 SINGLE.

and that death occurred on the date stated above, at .X I day hrs. or min.?

(Year)

The CAUSE OF DEATH *

particular kind of work // (b) General nature of industry business, or establishment in which employed or (employer)

(a) Trade, profession or

Contributory Secondary Duration)

9 BIRTHPLACE (State or country) 10 NAME OF FATHER

> 11 BIRTHPLACE OF FATHER

> > OF MOTHER

13 BIRTHPLACE

(State or country) 12 MAIDEN NAME

Violent Causes, state (1) Means of Injury and (2) Whether

At place

of death

Former or usual residence

Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans ients or Recent Residents)

In the

OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

PLACE OF BURIAL OR REMOVAL

yrs.....ds.

DATE OF BURIAL

State yrsds,

Causing Death, or, in deaths from

Filed Com

Where was disease contracted,

if not at place of dea.h?

ADDRESS

If more bianks are needed, addre s tate Registrar, 16 W. Saratoga St., Bato., Requisting V. S. No. 1.

Every CIAN state

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, whatever, write None. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATHE to report specifically the occupations of persons en-Housemaid, etc. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer. (b) Collon mill; (a) Salesman. At Home, and children, not gainfully em-For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Lahorer-Coal mine, etc. Wom-Architect, Locomolnic engineer, (b) Grocery;

spinal maningitis"); Diphtheria avoid use of "Croup" ed term for the same disease. Examples: Cerebrospin Statement of Cause of Death-Name, first, the DIS Typhoid fever never report "Typhoid Pneumonia" EASE CAUSING DEATH (the primary affection with respect time and causation), using always the same accent-(the only definite synonym is "Epidemic cerebropneumonia, Branchopneumonia ("Pneumonia

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approp or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonihis, diseases can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The n-ture of thoinjury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; "Marasmus," "Old Age," "Shock," for malignant neoplasms); Chronic etc. The contributory valendar heart Mousles ; disease;

ered in detail, it will prevent further correspondence. tly filed. certificate is looked over thoroughly and al questions ential and must be obtained before the certificate is Alltha

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltingre, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

BINDING

FOR

MARGIN RESERVED

S. No.

properly classifle RECORD stated pino may 0

	llage or City Takema (No. 13
=	PERSONAL AND STATISTICAL PARTICULARS
3 :	SEX 4 COLOR OR RACE 5 SINGLE,
1	Level White OR DIVORCED (Write the word)
6	DATE OF BIRTH
	(Month) (Day) (Year
7 /	If LESS th
BO	OCCUPATION a) Trade, profession or
000	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) Wash. D.
000	a) Trade, profession or Active
S	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF
ARENTS	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Transity 11 BIRTHPLACE OF FATHER
RENTS	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 223 Hickory Que Ward) Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from the last saw has alive on 1932. that I last saw has alive on 1932. and that death occurred on the date stated above, at 3:30 cm. The CAUSE OF DEATH * was as follows:

(Signed) M

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

(Duration)

(Durstion)

B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place In the of death yrs mos. ds. State yrs tass where was disease contracted, if not at place of death?

f not at place of death?..... Former or

usual residence....

Contributory Secondary

O UNDERTAKER

DATE OF BURIAL

300-N-ST-NU

If more branks are needed, address State Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screaut, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. report specifically the occupations of persons enor At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day (a) the kind of work and also (b) the (h) cugmeer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septimenta," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse." "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably sucide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondar/ or intercurrent) Chronic interstitial nephritis, Whooping approved by Committee on Nomenclature taken. American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway train-FOR VICLENT DEATHS state MEANS OF INJURY cough; Chronic and consequences (e. g., sepsis, affection need etc. The contributory valvular Always qualify all heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

STATE OF MARYLAND—	CERTIFICATE OF DEATH (4323)
1. PLACE OF DEATH	
County Moulgamen	Registration Dist. No. 216
Village or City Olichy Chase	No. O Capacia. St., Ward death occurred in a borbied or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurredyrs,mos	ds. Howlong in U.S. if of foreign birth?yrsmosds
2. FULL NAME Christina Lohmans	Meyers.
(a) Residence: No. # 6 Cypress.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Nonth) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Molvin 6. Meyers.	22. HEREBY CERTIFY, that I attended deceased from
1.11 13 0,851	I last saw he alive on AM 2-6, 1932 death is sai
6. DATE OF BIRTH (month, day, and year) Sept. 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 m. w.s. 1
17 7 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Data of onese
SAWYER, BOOKKEEPER, etc.	(OL Tal)
9. Industry or business in which	1 to Min assem - and mar
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	Sel line
year) occupation	Dither Contributor Causes of importance:
12. BIRTHPLACE (city or town)	Julin my long for states
(State or country)	I belleve
13. NAME Leorge dolinami	
13. NAME Leage dolument	Name of operation. Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Stage of country) 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Yerrany.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MM. Harry Johnnager (Address) 3 4 19 - 70 casolen at my	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place reduced Mel Date 19 50 , 19 52	Nature of injury
19. UNDERTAKER Veuf Francis Home In (Address) 8/6-74 St n 60 W. D.C.	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20, FILED Onn 271932 Bun CPin	(Signed) M. C. C. M.
Registrar.	(Address) The Charles
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

NOIL

infor

OCCUPA-

plnoda

1,4324

	13-6			
		Registration	1 Dist. No. 2/	7
No.			St	Ward
death occurred	in a hospital or institu	tion, give its NAN	ME instead of street and	number)
ds.	How long in U.S. if o	f foreign birth?	yrsr	nosds.
/				
St.,	Ward.	16	ni give city or town an	10.
	MEDICAL			d Dinie
		ERTIFICAT	E OF DEATH	
21. DATE	E OF DEATH	11.	2/26	
		(Month)	(Day)	, 193 (Year)
22.	LHEREBY	CERTIF	Y, That I attended	
apr	£ 20°	, 1932 , to	gril 21	1932
I last saw h	e alive on C	Will.	214 1985	; deeth is said
	irred on the date state		LP	
	PAL CAUSE OF DEAT		uses of importance	
	culi Bu			Date of onset
				4/10/82
/	Brough	, ware	escore	4/18/22
				1.100
		-,:,74	-4	
	ibutary Causes of impo		1	2
cu	urua Tu	uprom	deles	
Neme of ope	eretion 2	M	Date of_	
What test or	onfirmed diagnosis?	General E	Wes thore an	autonev/20)
			fill in elso the following	
Accident, su	iclde, or homicide?		_ Dete of injury	, 19
Where did in	njury occur?	(Sanaifu aitu		
Specify whe	ther injury occurred is	n INDUSTRY, in I	or town, county and Sillome, or in PUBLIC P	LACE.
Manner of I	niury			
Nature of In				T7
24. Was disea	ase or injury in any w	ey releted to occu	pation of deceased?	40
If so, specif	ly			
(Signed	Leplon	Who	ungky.	M.D.
	(Address) &	www	velle Ju	1
	es Street, Baltimore, Re			22
GILLIV. (Dari	es street, Daltimore, Ke	equesting "U. S. N	O. I.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

20

If mora branks are neaded, address State Registrar, 16 W. Saratoga St., Balto., Requasting

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institution, giva its NAME Instead of street (Month) (Day) (Duration),yrs......mos..... In the

(Address)

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in donicstic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of first line will be sufficient, e. g., Farmer or Planter or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")



tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by Committee on carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) as fracture of skull, and consequences (e. g., sepsis taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need not be cough; Chronic etc. valvular heart disease; Nomenclature of the The contributory etc., 01

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REVISED UNITED STANS STANDARD CERTIFICATE OF DEATH

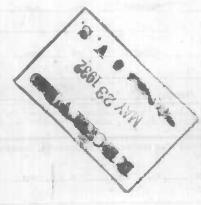
[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 (Recommendations on statement of (secondary or intercurrent) of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



RECORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. TH UNFADING INK-THIS IS A PERMANEN properly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate. d be carefully supplied. AGE should be ALAINLY,

-WRITI mation

V. S. No. 1

should state of OCCUPA-

1. PLACE OF DEATH	
County Trout goneres	Registration Dist. No. 2/4
Village or City Silve Spring 7ml	No. Maplewood Vandering Sty. Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Inllian 10 her	
(a) Residence: No. of according	St. Ward Fran Jane
(Usual place of abode)	If ponresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white surdowed	(Month) (Day) (Year)
58. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I allandad decaased from
(or) WIFE of Mary () dry.	March 15 1932 to Their 1932
6. DATE OF BIRTH (month, day, and year) February 51/1864	
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2 45 Cam.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profession, or particular	were as follows:
kind of work dona, as SPINNER Returned	74
Industry or business in which	Myocardetis
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	0.0 L. V L. V C
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Manylews	Chan's Suttentition helphille
13. NAME WM COT 1 July	The state of the s
14. BIRTHPLACE (city or town) WM any label	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME	23. If death was due to axternal causas (VIOLENCE) fill in also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
O 16. BIRTHPLACE (city or town) (Stata or country)	Whera did injury occur?
mi loi et	(Specify city or town county and State)
17. INFORMANT	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wash D. C. Date 4-2 1932	Natura of injury
19. UNDERTAKER M. J. Zirkler (Address) 30 (Carolina)	24. Was diseasa or injury in any way ralated to occupation of dacaased?
20. FILED 4/2/3 2 19 Ralfhaff sefer	(Signed) fichaed B. Thinkeles M.D.
If more blanks are needed, address State Registrar.	(Address) 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the oecupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep.		1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 7 13	July 5,1927	Peritonitis	3 days ago
	BUEZAU V.S.			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.

ECORD. Every item of infor-PHYSICLANS should state

B

	CERTIFICATE OF DEATH 64328
1. PLACE OF DEATH County Montgomery	Registration Dist. No. 2//
Village or City Hood Sield	No. 9t Ward
Length of residence in city aprown where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Thomas 6. Four	sley.
(a) Residence: No(Usual place of abode)	St./ Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April / 199 2
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V. (Ward) Parsley	(Month) (Day) (Year) 22. I HE'REBY CERTIFY, That I attended decased from 1932, to 1932.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Monthe Days 1/LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Tendo profession or postinutes 24	Chronic Interstitual Traffinitio Oate of onset
SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this population (month and this population).	
year)	Other Contributory Causes of importance?
(State or country)	Merio suerosos office
14. BIRTHPLACE (city or town) Monda Co.	
(State of Country)	Nama of operation Data of What test confirmed diagnosis? Was there an auropsy? The
15. MAIDEN NAME Nartha 13. Baker 16. BIRTHPLACE (city or town) Mouly Co.	23. If death was due to axternal causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
17. INFORMANT Matty Tarsley	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place daylonaulo Cem Date a Sinf 4, 1932	Manner of injury
19. UNDERTAKER Hory W. Barber (Address) John tonsville, and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED apr. 2, 1932 Della W. Burdette	(Signed) M. Doger M. D. (Address) Damaseux, Ma.
16	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Perilonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

1. PLACE OF DEATH		la			6
County montgomery			Registration Dis	st. No. 21	01
Village or City Plow Tor	on Emery Gran	No. death occurred in a hospital or institu	ution give its NAME in	St.,	Ward
Length of residence in city or Jown where death		. 2 ds. How long In U.S. if			
2. FULL NAME Larrain	u Philips				
(a) Residence: No. Plow	Lown	St., Ward.	16	e city or town an	J State
PERSONAL AND STATISTICA	(Usual place of abode)	MEDICAL	ERTIFICATE		d State
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH			
Temale Colord	OR DIVORCED (write the word)	Cipril	(Month)	Z / (Dey)	, 193 Z (Year)
5a. If merried, widowed, or divorced HUSBAND of	- 2	22. I HEREB	Y CERTIFY.	That I attended	d deceased from
(or) WIFE of	gta.	apr 17	, 1932, to Re	12.1.	1932
5. DATE OF BIRTH (month, dey, and year)	- 19-1929		/	,1932	, deeth is said
7. AGE Years Months	Days If LESS than 1 dey, hrs.	to heve occurred on the dete stet The PRINCIPAL CAUSE OF DEA			
8 Trade profession or particular	ormin.	were as follows:	-		Date of onset
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.		Ofu			70.1.
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc	om	_40_50			
SAW MILL, BANK, etc	11. Totel time (years) spant in this				
this occupetion (month end year)	occupation 2	Other Contributory Causes of Imp	oortance:		
2. BIRTHPLACE (city or town) - Mary La	and		Rubil	la	
(State or country)	1.11				
	l.	Name of operation		Dete of	
(State or country)		Whet test confirmed diagnosis?	200 .		eutopsy?. 2
15. MAIDEN NAME Mary Y	Russell	23. If deeth was due to externel ca	uses (VIOL ENCE) fill li	n elso the followin	ng:
15. MAIDEN NAME Mary 16. BIRTHPLACE (city er town). Transport (State or country)	lad	Accident, suicide, or homicide?	Del	te of Injury	, 19
2	1:60	Where did injury occur? Specify whether injury occurred	(Specify city or to	wn, county and St	rate)
17. INFORMANT Marchael (Address) Gaithers	Lisa mod	-			
18. BURIAL, CREMATION, OR REMOVAL	01:111 22	Manner of injury			
Place Ly an Jrove	Dete Chil 22, 1932	Nature of injury			
19. UNDERTAKER PLAT 13. P. A. P. P. A. P.	rba	24. Was disease or injury in any	wey related to occupation	on of deceesed?	
(Address) Jouthurslen	Tel Day Clobes	If so, specify (Signed)	year		M. C
20. FILED (30) , 19 5 C 1/ 14 C	Registrar.	(Address) - La	u tous a	elle.	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago
V UAXAUN			
Other contributory causes of importance:	THE WAY	Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 yeor

ADDITIONAL	SPACE	FOR .	FURTHER	STATEMENTS	ВΥ	PHYSICIAN

item

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 4 1932	July 5, 1927	Peritonitis	3 days ago
•	BURNAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones	L-	May 1,1923	Gastroenteritis	1 year
*		1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	Al
---	----

20.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 64332
PLACE OF DEATH	
County Moulgoniery	Registration Dist. No. 216
Village or City Calen John O	NoSt.,Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmos ds.
4.00	D.
FULL NAME Sterge U TEL	gen and a second
(a) Residence: No. Eddu tana Salvi (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Whele OR DIVORCED (write the word)	(Month) (Day) (Year)
If married, widowed, or divorced HUSBAND of	
(or) WIFE of Devolling to Vergle	22. HEREBY CERTIFY, That I attended deceased from
Way on the	Clack when seem?
DATE OF BIRTH (month, day, and year) Optil 27-	I last saw harmonic alive on thout 6.50 pm., 19; death is said
Months Days If LESS than I day,	to have occurred on the date stated above, at
73 // ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	accedental
SAWYER, BODKKEEPER, etc.	Carbon mondyille
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Date deceased last worked at this occupation (month and year) occupation (month and year)	3.2
manland	Other Coutributory Causes of importance:
BIRTHPLACE (city or town) (State or country)	
13. NAME Idaa la a addalad	
W. Home	
14. BIRTHPLACE (city or town) ————————————————————————————————————	Name of operation
1. 1.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UNDRIGOR	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
INFORMANT Mis Durpley to Tough	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place augressional (ey Date Upus 11, 1932)	Natura of Injury
WOODLAND Plan Priday Charlothers	24. Was disease or injury in any way related to occupation of deceased?
(Address) Po chaile manifold	If so, specify
1 110 30 @ - 00	(Signed) Dunt 6 Min) M. D.
FILED april 9, 1932 1 Jen C. V. Register.	(Address) Parker Just

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis OFCEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1939	July 5, 1927	Peritonitis	3 days ago
BURZAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			14

a of infor- ould state OCCUPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH (4333)
Je Ha	County Moulgomery	Registration Dist, No. 206
item of should of OCC	Village or City Callin John	No. St. Ward
20 2	Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Every CIANS ement	2. FULL NAME Mary Susan)	Thurlost
	(a) Residence: No. Woolfre Over	St., Ward.
Judes	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
X	3.4SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Frank While OR DIVORCED (write the word)	(Month) (Day) (Year)
PERMANES EXACTI ly classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE ol Crahie	22. I HEREBY CERTIFY, That I attended decessed from
(man)	6. DATE OF BIRTH (month, day, end year) March 30-1858	
erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1-30 m.
IS A PE stated E properly certificate	74 0 / 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
HIS I he s he p	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	General Debelly Date of onset
—	9. Industry or business in which	asteria clessos)
NK—T should it may in back	work was done, as SILK MILL, SAW MILL, BANK, etc.	
E E	10. Date deceased task worked et this occupation (month and year) occupation occupation.	
UNFADING II upplied. AGE terms, so that instructions o	12. BIRTHPLACE (city or town) / /) Ant ? / ing ining	Other Contributory Causes of importance:
AD ed.	(State or country)	
UNFAI supplied. n terms,	13. NAME Acland While-	192
D # 4 9	14. BIRTHPLACE (city or town) West Winamia	Name of operation Date of
F- F-	(State of County)	Whet test confirmed diagnosis? Was there an autopsy?
efully in plai	15. MAIDEN NAME Susaw, Maison	23. If death was due to external causes (VtOL ENCE) fill in also the following:
INLY, be careful EATH in p important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
EA' EA'	m. de la	Where did injury occur?(Specify city or town, county and State)
ADDA	(Address) alline West) Iromia	Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
100	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
om SE	Piece J hrmas - West Va Date Spully, 1932	Nature of Injury.
mation CAUSE TION is	19. UNDERTAKER UM. Paubar Vimbling (Address) Rockwelle md.	24. Was disease or injury in any way releted to occupation of deceased?
e e	20. FILE Claric lot 1933. Benj Clary	(Signed) Deut Cherry M.D.
Z	Registrar.	(Address) Selhlodel In
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	FECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 AA 7 1902	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.S.	i		
Other contributory	causes of importance:	زا	Other contributory causes of importance:	9
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

19. UNOERTAKER (Address)

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA-	1. PLACE OF DEATH	210-0
should of	County Montgomeny Commitwell Village or City Dalbolna Paple	Registration Dist. No. 223 NoWashington Samtonishn Ward
PHYSICIANS ict statement o		death occurred in a hospital or inditation, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
rySI	(a) Residence: No. Disamo Da (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
X A C T classified	HUSBAND of (or) WIFE of widowed	22. I HEREBY CERTIFY. Thet I attended deceesed from Opril 10, 1932, to Opril 11, 1932
	6. DATE OF BIRTH (month, day, and year) September 3, 18 65	liast saw harm alive on Office 11, 1932; death is sai
	7. AGE Years Months Oays if LESS than	to have occurred on the date stated above, at . T
stated properl certifica	67 7 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of onset
be stope of ce	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	automolis accident
should it may n back	3. Industry of Dusiness in which	
[F] +0 O	SAW MILL, BANK, etc 1D. Date deceased last worked at this occupation (month and 3.2,	
se	12. BIRTHPLACE (city or town) Schoon, M. Y. (State or country)	Other Contributory Causes of importance:
supplied n terms, ee instru		
·= t0	13. NAME David B Richard 14. BIRTHPLACE (city or town) Putnam, M. W. (State or country)	Name of operation
in pl	# 15. MAIDEN NAME Potter	23. if death was due to external causes (VIOLENCE) fill in elso the following:
be carefully EATH in pla important.	16. BIRTHPLACE (city or lown) Schoon, N. Y. (Stete or country)	Accident, suicide, or homicide? Occadent Date of injury Offer 10, 1932
-	17, INFORMANT Wash Sant Hosp Records	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
oF D	(Address)	Wullic Highway
E E	18. BURIAL, CREMATION, OR REMOVAL Piace Chroan Jake Day apr. 15, 1932	Manner of injury Multiple Thractiones
mation s CAUSE TION is	19. UNDERTAKER Morrey & Halling	24. Was disease or injury in eny way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

if so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	VED	Example II	
The principal cause of death and related car of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis RIIDE ATT	V S 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Lawrench of the State of the St			
Other contributory causes of importance:		Other contributory causes of importance:	1124111
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

04335

1. PLACE OF DEATH	59
County Montgomery.	Registration Dist. No. 2/3
-7/-	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
Length of residence in city or town where death occurred	for the total of the test of t
(a) Residence: No. 224 N. Maslery (Usual place of abode)	on St., Translaville, Inf.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yoar)
5a. If married, widowed, or disconstruction of the Bedgarrich	22. HEREBY CERTIFY, That I attended deceased from Market 15., 1932to. Copyel 13, 1932.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	
8. Trade, profession, or particular kind of work done, as SPINNER, Cook, however, BODKKEPPR, etc.	Jeft pumplena, cerebra Copular Data of onest Deta Copular Copu
work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Hasford Country)	Dither Contributory Causes of importance: Chronic myse cardites. 1929 Mild dealetes melletes 1930.
13. NAME Charles Cook	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnos Days Was there an autopsy?
15. MAIDEN NAME Jane Daire	23. If death was due to external ourses (VIDL ENCE) fill in also the following:
5 16. BIRTHPLACE (city er fown) Hanford Co. (State or country)	Accident, suicide, or homicide?
17. INFORMANT. Jane Clark (Address) All Madeson A. Hulen	Specify city or town, county and State) Specify whether injury occurred in INJUSTRY, in HOME, or in PUBLIC PLACE.
Place Report Manual Manual 4-16, 193	Manner of injury Nature of Injury
19. UNDERTAKER Jes Komonden	24. Was disease or injury in any way related to occupation of deceased? Its.
20. FILED 4/13 , 1932 man W. J: Craet Registrar.	(Signed) Heller M. D. (Address) Rockwelle med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	A STATE OF THE STA	Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	WE CELLER TO	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 4 1331	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.	7		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenterilis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	A	0.	13	100
- []	4	3	.3	G
10	- 20	0	1	

1. PLACE OF DEATH	(92-0)
County Montgomery	Registration Dist. No. 213
Village or City Rockrille	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	osds. How long in U. S. if of foreign birth?yrsmos de
2. FULL NAME Sidney Sporter	
(a) Residence: No. Rockiells	St Ward.
(Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced	
HUSBAND OF Herry N. Shorter	22. I HEREBY CERTIFY. That I attended deceased fro
	March 8 , 193 2 , to Marile 6 , 193 2
DATE OF BIRTH (month, day, and year) 7 / 1862	I last saw h 2 = alive on Upsal 4 , 1932; death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, of particular kind of work done, as SPINNER, Louisework SAWYER, BOOKKEEPER, etc.	Chronic Indocardilis
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	
	Other Contributory Canses of importance:
2. BIRTHPLACE (city or town)	
13. NAME Sultary Final 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rusi Williams 16. BIRTHPLACE (city or town) Manual Control of Country (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Gray Nouglas (Address) No hilk, hed.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tockrille Date Jeel 7, 1932	Nature of injury
9. UNDERTAKER Harnes Oflynphrey	24. Was disease or injury in any way related to occupation of deceased?
(Address) Pockette	If so, specify
20. FILED 4/9 , 1932 mo. U. J. Tract	(Signed) M. Markey M.
Registrar.	(Address) Sorpolla

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUNEAU V S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state Exact statement of OCCUPA. N. B.-WRITE BLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County Montgomery	Registration Dist. No. 223
	No. Washing ton San & Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. mos	
2. FULL NAME Fredrick Wir Smith	3:1
(a) Residence: No. 10 Jeffers St.] (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White Married	21. DATE OF DEATH Spril 5 198 2
5a, If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Mrs. Sarah Smith	22. I HEREBY CERTIFY, That I etlended deceased from March 27, 1932, to april 5 1932
6. DATE OF BIRTH (month, day, end year) May 20 (867	I last saw h.cm alive on april 5 ,19.32; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8:53 p.m.
64 10 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9-hdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	angua Treloris
10. Date deceased last worked at this occupation (month and year) merch 19-19-32 occupation 35.	
12. BIRTHPLACE (cily or town) Plymouth (State or country) England	Other Contributory Causes of Importance:
13. NAME Charles W. Smith	
13. NAME Charles W. Smith 14. BIRTHPLACE (city or town). Plymanth (State or country)	Name of operation Oate of
	What test confirmed diagnosis? Was there an au opsy?
15. MAIOEN NAME Susan gay 16. BIRTHPLACE (city or town) Plymouth (State or country) England	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Washington Sanitarium Records (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Coldar Hill Court, Mc	Manner of injury
19. UNDERTAKER Hashery	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jar 6 1932 A Segura Registrar.	(Signed) A. C. Jurry M. D. M. D. (Address Jupana Wash M. D.
If more blanks are model address Coase Paris	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	-	Example II	4 100
he principal cause of death and related causes importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
rterioselerosis	1915	Attack of epilepsy	1 week ago
hronic interstitial nephritis	1921	Run over by street ear	1 week ago
erebral hemorrhage	uly 5,1927	Peritonitis	3 days ago
4			
ther contributory causes of imparturee:		Other contributory causes of importance:	
allstones	May 1,1923	Gastroenteritis	1 year

For authorization	ACE FOR FURTHER STATE	EMENTS BY PHYSICIAN	under Dr. Davenport.
april 23, 1932 (

PHYSICIANS should state

stated EXACTL

AGE should be

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be caretarly supplied.

See instructions on back of certificate.

ECORD. Every item of infor-

of OCCUPA-

Exact statement

N. B.-WRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(B)
County Mout govern	Registration Dist. No. 2-14
Village or City Tololer ville	Np. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where wath occurred O Lyrs	ds. How long in U.S. if of foreign birth?
2. FULL NAME (Villam / Lewry)	Smith
(a) Residence: No. Goleville Mide. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH 12/193 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thick A. Sympto	22. I HEREBY CERTIFY. That I attended deceased from 12-18-1931, to 4-12-1932
6. DATE OF BIRTH (month, day, and year) 1807, 17, 1868	I last saw here alive on 4-11-31, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
62 6 12 ormin.	were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, farmer SAWYER, BODKKEPER, etc	Jule Music July
9 Industry or business in which	and Charles Decaround
work was done, as SILK MILL, SAW MILL, BANK, etc.	dions.
Data deceased last worked et this occupation (month and 1/93) spent in the	
year) CF Seesand VIII occupation Many	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) To a geville, mae,	meplesite Colimentation.
(State or country) Montgowery	
13. NAME Georg Affinish	
14. BIRTHPLACE (city of town) to alexabelle med	Name of operation
(Stete or couptry)	Whet test confirmed diagnosis (SUMLAC) Law Was there an autopsy? NO
15. MAIDEN NAME Margarety Dordry	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (october public than 1. (State or country) My purposes	Accident, suicide, or homicide?
17. INFORMANT Mrs. Man Show the Daughter (Address) 43 W/Shm, 51, no 36, 100 cm	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BENOVAL	Manner of injury
Place Day Day 1932	Nature of Injury
19. UNDERTAKER Joseph Monda	24. Was disease or Injury In any wey related to occupation of deceased?
4-131032 SE. Hus Dalls	(Signed) M. D.
an cure	

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County Wilage or City Ward Wilage or City Ward W	4 4 4	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Deliberation of the state o	Stat UPA	1. PLACE OF DEATH	151-09
Willage or City	oc did	County Ang gonery	Registration Dist. No. 216
Langth of residence larginy or topen where death occurred. S. FULL NAME. FULL NAME. FULL NAME. FULL NAME. FULL NAME. FOR COLOR OR RACE S. SINGLE, MARRIED WIDOWED. SOUTH OF STATISTICAL PARTICULARS S. S. S. A COLOR OR RACE S. SINGLE, MARRIED WIDOWED. SOUTH OF STATISTICAL PARTICULARS S. S. S. A COLOR OR RACE S. SINGLE, MARRIED WIDOWED. SOUTH OF STATISTICAL PARTICULARS S. S. S. A COLOR OR RACE S. SINGLE, MARRIED WIDOWED. SOUTH OF STATISTICAL PARTICULARS S. S. S. A COLOR OR RACE S. SINGLE, MARRIED WIDOWED. SOUTH OF STATISTICAL PARTICULARS S. S. S. A COLOR OR RACE S. SINGLE, MARRIED WIDOWED. SOUTH OF STATISTICAL PARTICULARS S. S. S. A COLOR OR RACE S. SINGLE, MARRIED WIDOWED. SOUTH OF STATISTICAL PARTICULARS S. S. S. A COLOR OR RACE S. SINGLE, MARRIED WIDOWED. SOUTH OF STATISTICAL PARTICULARS S. S. S. A COLOR OR RACE S. SINGLE, MARRIED WIDOWED. S. I. HARRIED C. S.	: \560 E E		
3. SEX 4. COLOR OR RACE S. SHOELE, MARRIED, WIDOWED ON OWN OF COLOR OF COLO			
3. SEX 4. COLOR OR RACE S. SHOELE, MARRIED, WIDOWED ON OWN OF COLOR OF COLO	IAD mer	2. FULL NAME John Barnest Sto	micatas
3. SEX 4. COLOR OR RACE S. SHOELE, MARRIED, WIDOWED ON OWN OF COLOR OF COLO). I SIC ate		Lang Ward
3. SEX 4. COLOR OR RACE S. SHOELE, MARRIED, WIDOWED ON OWN OF COLOR OF COLO	JRI HYS		If nonresident give city or town and State
DATE OF BIRTH (month, day, and year) So. If married, widewed, or divorced (cr) wife of 1972 LOUND WEE of 1972 T. AGE Years Months Days If LESS than to 1972 Lound To 1972 T. AGE Years Months Days If LESS than to 1972 Lound To	ECC PI		
HUNDRAND OF COUNTY OF THE OF BIRTH (month, day, end year?) So John Strategy of the County of Consultation of	, E	i de a company and a company a	Gen 30 1932
THE STATE OF BIRTH (month, day, end years) A DATE OF BIRTH (month, day, end years) B DATE OF BIRTH (month, day, end years) A DATE OF BIRTH (month, day, end years) A DATE OF BIRTH (month, day, end years) A DATE OF BIRTH (month, day, end years) A DATE OF BIRTH (month, day, end years) B DATE OF BIRTH (month, day, end years) A DATE OF BATH (month, day, end years) B DATE OF BATH (month, day, end yea	0 8 2 8	5a. If married, widowed, or divorcad	
The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importance. The PRINCIPAL CAUSE OF DEATH and related causes of importance. The PRINCIPAL CAUSE OF DEATH and related causes of importance. The PRINCIPAL CAUSE OF DEATH and related causes of importance. The PRINCIPAL CAUSE OF DEATH AND RELATED TO THE AND RELATED TO THE ADDRESS OF DEATH AND RELATED TO THE ADDRESS	DI LAN	(or) WIFE of	
The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importence with a stallows. The PRINCIPAL CAUSE OF DEATH and related causes of importance. The PRINCIPAL CAUSE OF DEATH and related causes of importance. The PRINCIPAL CAUSE OF DEATH and related causes of importance. The PRINCIPAL CAUSE OF DEATH and related causes of importance. The PRINCIPAL CAUSE OF DEATH AND RELATED TO THE AND RELATED TO THE ADDRESS OF DEATH AND RELATED TO THE ADDRESS	E CKS	S DATE OF BIRTH (month day and was 200 at 1 - 1937	
NAME OF Operation (State or country) Solvey Construct the Control of Control	P. B.		2302
NAME OF Operation (State or country) Solvey Construct the Control of Control	OR OR ate		wars so follows:
By See of operation The property of the series of importance: Discourage Part	_ 70	8 Trade profession or particular	Date of onse
Dither Centributory Causes of Importance: Caraly Car	A H e e e e e e e e e e e e e e e e e e	SAWYER, BDOKKEEPER, etc.	Internal Hydrocephalus 4/10/32
Dither Centributory Causes of Importance: Caraly Car	RV ould nay	o. Industry or business in which work was dona, as SLEK MILL,	
Dither Centributory Causes of Importance: Caraly Car	SEJ NK. She she it r	10. Oate decaased last worked at 11. Total tima (years)	O'aux-
Name of operation. Name o	SE SE		
State or country 13. NAME 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19. O. FILED 19. O. F	Z 4 - 9	12. BIRTHPLACE (city or town) Wash	Dther Contributory Causes of Importance:
What tast confirmed diagnosis? **LLLL*******************************	AD AD sd. s, s		Carelys & Herenney 3/24
What tast confirmed diagnosis? **LLLL*******************************	NF NF plic	13. NAME Yest ge 3. Springsta	
What tast confirmed diagnosis? **LLLL*******************************	MA U sup n to ee	14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME B 2014 COLOR GALL Accident, sulcide, or homicida? Date of Injury	Illy Slai	(State of country)	What tast confirmed diagnosis?
Accident, sulcide, or homicida? Date of injury	efu in ant.	I 15. MAIDEN NAME 6 ligabeth Carnest	
Specify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Wash. D. Chata 4 - 3 0 , 19.5 2 Nature of injury Nature of injury 19. UNDERTAKER (Address) 20. FILED Upgr. 3 0 , 19.3 2 (Specify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Specify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Wash. D. Chata 4 - 3 0 , 19.5 2 (Address) 19. UNDERTAKER (Address) 20. FILED Upgr. 3 0 , 19.3 2 (Address) (Specify city or town, county and State) (Address) (Specify city or town, county and State) (Address) (Specify city or town, county and State) (Specify city or town, county and State) (Specify city or town, county and State) (Address) (Specify city or town, county and State) (Address) (Specify city or town, county and State) (Specify city or town, county and State) (Address) (Specify city or town, county and State) (Address) (Specify city or town, county and State) (Address) (Specify city or town, county and State) (Specify city or town, county and State) (Address) (Specify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) (Specify city or town, county and State) (Address) (Specify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) (Specify city or town, county and State) (Address) (Address) (Address) (Specify city or town, county and State) (Specify city or town, county and State) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	Car CH ort	6 16. BIRTHPLACE (city or town)	
Address) 60 wilsoft Flance 18. BURIAL, CREMATION, OR REMOVAL Plece Wash. D. Chata 4 - 3 v., 19.5 2 Nature of injury. Nature of injury. Nature of injury in any way related to occupation of deceased? (Address) 3 v. 3 v. 3 v. 3 v. 4 v. 3 v., 19.5 2 20. FILED 452: 3 v., 19.3 2 v. 4 v. 3 v., 19.5 2 (Signad) (Address) 2 v. 0 v. 2 v. 3 v. 19.5 2 (Address) 2 v. 3 v., 19.5 2 (Address) 2 v. 3 v., 19.5 2 (Signad) (Address) 2 v. 4 v. 3 v., 19.5 2 (Address) 2 v. 3 v., 19.5 2 (Address) 2 v. 4 v. 3 v., 19.5 2 (Address) 2 v. 4 v. 4 v. 4 v. 4 v. 4 v. 4 v. 4 v.		State of Country)	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place Wash. D. Chata 4 - 3 0, 19.5 2 Nature of injury 19. UNDERTAKER (Address) / 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	र्व मिले ह		Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Plece Wash. D. Spate 4 - 3 0 , 19 \$ 2 Nature of injury 19. UNDERTAKER 7 CAST OF Surger Street Surger Surge	9 3 3	The second secon	Manner of injury
(Address) / 3 80 M. African If so, specify 3. T. W. Fundom M. D. (Signad) (Signad) (Address) 2002 R. ST. W. M. D. (Address) 2002 R. M. D. (Address) 2002 R. M. D. (Address) 2002 R. M. D.	ITI SE SE	Plece Wash. D. Costo 4-30, 19.52	
(Address) 1300 . Style little (Signad) . C. W. Hudow M. D. Registrar. (Address) 7002 R St www M. D. (Address) 7002 R St www.	-WR matic		24. Wes disaase or injury in any way related to occupation of deceased?
20. FILED CAST 195 Registrar. (Address) 7002 R ST 200	7 8		
	w Z		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
REPRESENT V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE mation

V. S. No. 1

should state

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	4	0,	1	ı	h	
17	9	3	4	1	1	

1. PLACE OF DEATH	46)
County Montgomery	Registration Dist. No. 223
Village or City Takoma Jack	No. 105 Cadar Ove . St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. If of foreign birth?ds.
2. FULL NAME Isaac Starling	
(a) Residence: No. 105 Cedar Gyl, Jakons (Usual place of abode)	east, ask would If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND OF Mary Sterling	22. I HEREBY CERTIFY, That I attended deceased from JULY 193/, to 4 - 1/ - 1937
6. DATE OF BIRTH (month, dey, and year)	
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 Trade profession or perticular	Carcinoma of colore Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
O Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Sussia	Other Contributory Causes of importance: Metastasis
뜨 13. NAME	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation 210 Date of What test confirmed diagnosis? Uniform Was there an autopsy? Us.
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT alex sterling (Address) 218 Cedar St. Falcoma, W.C.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Washington WC Date Offer. 11, 1932	Manner of injury
19. UNDERTAKER B. Wansansky (Address) 3501-14 Laprell	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO FOY 11 , 1932 Het loger & Registrar.	(Signed) Wy M Balluger M.D. (Address) 1624 Ege AMW.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BURZAU V B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA. RECORD. Every item of inforstated EXACTLY. properly classified. FOR BINDING A PERMANEN IS TH UNFADING INK-THIS MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be -WRITE RLAINLY, TH UNFAD mation shuld be carefully supplied. LAINLY, TION is V. S. No. 1

8 ż

1. PLACE OF			(23)	Registration Di	ist No. 2	11
	somegone	11		negistration Di	IST. NOX	J
Village or C	ity Brookens	le rud	No.	tion give its NAME	St.,	War
Length of resi	idence in city or town where	1-				
	7	on & Swei	./.			
2. FULL NA	10	or to sollie				
(a) Residen	ice: No. 12200	(Usual place of abode)	St., Ward.	If nonresident gi	ve city or town as	d State
PERSON	IAL AND STATIST	TICAL PARTICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	1		
male	01.1	OR DIVORCED (write the word)	and	(Month)	6	, 193 -
Sa. If married, widow	red, or divorced			(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of	2	il	22. HEREBY			d deceased fr
	Y	ingle	92n614	, 1951 , to Qu	166 -	, 19 1.3
5. DATE OF BIRTH	(month, day, and year)	1840, 14 1914	I last saw h Lun. alive on Co	me 6	, 19.5.2	; death is s
7. AGE Yea	ers Months	Days If LESS than	to have occurred on the data state			
17	9//	22 I day,hrs.	The PRINCIPAL CAUSE OF DEAT	TH and related causes	of importance	10.1
8. Trade, profe	ssion, or particular	0	Lucar - Ex	houston	tron	Date of on
kind of y	work done, as SPINNER, BOOKKEEPER, etc	hatom	Pulmonon 1		7	
9. Industry or		4				
kind of v SAWYER 9. Industry or work wa SAW MII 10. Date deceas	business in which s done, as SILK MILL, LL, BANK, etc	harma				***
	ed last worked at pation (month and	11. Total time (years) spant in this		**		
yaar)	1922 gus	occupation /	Other Contributory Causes of impo	ortance.		
12. BIRTHPLACE (ci	ty or town) Za-ay 1	and	Contain			
(State or cou	ntry)					
13. NAME	10 21 8	warles				
14. BIRTHPLACE	(city or town). Z	land	Nama ef operation		Date of	
(State or	country)		What test confirmed diagnosis?			autopsy?
15. MAIDEN NA	IME La sia	Clayett-	23. If death was due to external car			
15. MAIDEN NA 16. BIRTHPLACE	21-2-	1-1	Accident, suicide, or homicide?			
E (State or	(city er town) - 7		Where did injury occur?		01 111,017	
(2 -1/8	7		(Specify city or to	wn, county and St	ate)
17. INFORMANT		wales	Specify whether injury occurred i	II INDUSTRY, IN HOM	E, OF IN PUBLIC P	LAUE.
(Address)	CIN OR REMOVAL	- ILI	14			
Place ML	7 2100 L 20-	1 Date april 11 19762	Manner of injury			
11007.2362		134.5.	Nature of injury			
19. UNDERTAKER	Roy W, 12	grher	24. Was disease or Injury in any w	ray related to occupat	ion of deceased?	
(Address)	7 Jaithurs	ung maf	If so, specify	θ		
(1)	11 .22 (18	Yaranlas.	(Signed) Q 29	Iddisis	ys a	S M
20. FILED UMI	9-14-1900	TOTAL YEAR OLD TOTAL TOT			/	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUTTAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAL
----------------------------	----------------------------

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation sho

STATE OF MARYLAND—CERTIFICATE OF DEATH (4342

1. PLACE OF DEATH	———
county Montgomery	Registration Dist. No. 211
Village or City Nr. Wood Steld	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Margaret & Showker	2-1-
(a) Residence: No. nr. Morafield md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (acrite the word) Marked	21. DATE OF DEATH Asrif 2, 198 2 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Caward Hompson	22. I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Apr. 24, 1858	1 last saw h.com elive on about 1 ,1932; deeth is said
7. AGE Years Months Oays If LESS than 1 day,hrs,	to have occurred on the date stated above, at 2 m.
Ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc.	Caremona of Monach 2 yes ago
Kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MiLL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	
10. Date deceased last worked et this occupation (month and 1930 spant in this year)	
12. BIRTHPLACE (city or town) Mr. Colar Grove (State or country)	Other Contributory Causes of importance: Country Amountage with 7 grage
	Jaisplagia V
I / 22. P. P. P.	
4. BIRTHPLACE (city or town) M. Orffan Trovt (State or country)	Name of operation Date of
15. MAIDEN NAME Mary Wathering	What test confirmed diagnosis? None Was there en eu opsy? 26
15. MAIDEN NAME Mary Walterns 16. BIRTHPLACE (city or town) n. Gelas Grove	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT Edward Hoon poor	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 14. Co.	Manner of injury
Place per Seneca Deplot Oate Usuf 4, 1932	
19. UNDERTAKER 10 13 Beall Anca (Address Tamasaus Mal	24. Was disease or injury In any way related to occupation of deceased? RO
20. FILEO avil 4, 1932 Della OV Burdett	(Signed) Large M. Loyer M. O. (Ardress) Damaneur M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUSALAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------------	------------	----	-----------

(M)	-WRIPP PEAINLY, TH UNFADING INK-THIS IS A PERMANE, RECORD, Every item of infor-	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	RECORI	Y. PHYS	Exact st	
MARGIN RESERVED FOR BINDING	ERMANE	EXACTI	y classified.	te.
D FOR	IS IS A P	oc stated	be properl	of certifica
ESERVE	INK-TH	E should h	it it may l	on back o
RGIN R.	NFADING	plied. AG	rms, so tha	instructions
MA	U HJ	refully sup	in plain te	tant. See
•	PLAINLY,	ould be car	F DEATH	TION is very important. See instructions on hack of certificate.
2.1	-WRIPE	matidnes	CAUSE	TION is

N. B.-WRI

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(4343
county Monlyoning,	Registration Dist. No. 2/3
Village or City near To chepelle	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary & Viess	
(a) Residence: No. Near Mochwellz	St. Ward.
(Usual place of abode)	If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, Carrie the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. That attended deceased from
(or) WIFE of OM. DEUS	Nov. 193/ 10 april 12 1932
6. DATE OF BIRTH (month, day, and year) March 8-1844	Hast saw he aliva on april 1/th, 1932; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at G m.
80 1 / H or roin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc.	Carcinona of Stomach
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
mal	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Vocable Failer	
13. NAME Voefole Sailey 14. BIRTHPLACE (city or town) Inferrover	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jane Joland	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Lakerower (Stata or country)	Accident, suicida, or homicide? Data of injury, 19
(State or country) (WYRYOW)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ASSET TO POCKWELLE MICE	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place of Marys on Date Up 14 1932	Manner of injury
Place A Mary M. Date AM 17, 1932	Nature of injury
19. UNDERTAKER DM. Acutor Dufoling	24. Was disease or injury in any way releted to occupation of deceased?
	If so, specify (Signad) (Signad) M. D.
20. FILED 4-14, 1932 Mus. W. Cratt. Registrar.	(Address) Pochville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis TIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NAV A 1032	July 5, 1927	Peritonitis	3 days ago	
SUNEAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	----------	---------	------------	----	-----------

ż

should state

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (14344
1. PLACE OF DEATH	
County Montgomery	Registration Dist. No. 214
Village Dr City Kelssington	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where teath occurred	
2. FULL NAME Raymond alfred	Wagner
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Male white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	Affil 30 ,193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
4.0	last saw have alive on April 29, 1932; death is said
7. AGE Years Months Days I If LESS than	to have occurred on the date stated above, at 12 53 a.m.
14 2 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	Peronic glomerulo- Date of onset
SAWYER, BOOKKEEPER, etc. Schoolboy	replirités soithe edema Mara
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	19.30
kind of work done, es SPINNER, SAWYER, BDOKKEFPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupetion year)	92
12. BIRTHPLACE (city or town) Kensinaton	Dther Contributory Causes of importance:
(Stete or country) Mapylana	with capaiac luber 1930
" 13. NAME Raymond C. Magner	troply 1
13. NAME Raymond C. Wagner 14. BIRTHPLACE (CHY OF TOWN) Reusington	Name of operation Date of
(State of country) Mapulana	What test confirmed diagnosis? AUTHORISE. Was there en autopsy? 1540
15. MAIDEN NAME Myrtle C. Todymude. 16. BIRTHPLACE (city or lown) Boyds (State or country)	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) BOYGLS (State or country) (Maruland	Accident, suicide, or homicide? Dete of injury, 19 Where did injury occur?
17. INFORMANT Mrs. Mystle Wagner	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Rockville wire	Manner of injury
19. UNDERTAKER W. Reubie Purephry J.	24. Wes disease or injury in any way releted to occupation of deceesed?
20. FILED 5 194, 1932 W L Levis Registrar.	(Signed) Matharine a. Chapman M.D. (Address) 20 W. Balto, St., New M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis MAT 1932	1921	Run over by street car	i week ago
Cerebral hemorrhage	BURRAU V. S.	July 5,1927	Peritonitis	3 days ago
	A TO STATE OF THE PARTY OF THE			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No.

N N

	04345
PLACE OF DEATH	STATE OF MARYLAND
County Montgomery	CERTIFICATE OF DEATH
N /	Registration Dist. No. 2
Village or Citylean Wary E. M.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWEL OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Yesr)
B DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from 193/. to March 3/. 1932
(Month) (Day) (Year)	that I last saw h M alive on March 3 1 , 1922
7 AGE If LESS than	and that death occured on the date stated above, and belieff, m.
7.3 yrs. 6 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Cause ranknown of Esophysis Was not due to cares (Duration) 1000 12 grs. ar more 'de.
9 BIRTHPLACE (State or country) Mariland,	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF JAN H. Browning	(Signed) Santy Frahl M.D. 1882 (Address) Mrain Md
OF FATHER (State or country) Aryland () 12 MAIDEN NAME	*State the Discase Causing Death, or, in teaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Muchaffrandenture 13 BIRTHPLACE	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents) At place in the
OF MOTHER (State or country) Maryland,	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Address) Mourovia Md	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL US 2 . 1932
15 Filed april 2 1922 Della OVB undette	20 UNDERTAKEN STORESS STORESS

If mora bianke are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health et," et .. Without more, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation -- Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial emplo; ments it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed first line will be sufficient, e g., Farmer or Planter, Foreman, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomolive engineer, But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISAE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Recommendations on statement of cause of death approved by Committee on Nomenclature as fracture of skull, and consequences (c. g., sepsis, telawas) may be stated under the head of "contributory." "PUERPERAL septicaennia," "PUERPERAL peritonilis," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, causing death), 29 ds.; Bronchopmeumonia (secondary). · · · · · · (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease "Inanition," "Marasmus, (secondary Whooping use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY g cough; Chronic interstitial nephritis, or intercurrent) affection need not " "Old Age, " "Shock," etc. valvular heart disease; The Sarconia,, etc., of contributory

If this certificate is looked over thoroughly and all questions and veted in detail, it will prevent further correspondence. Althe data is e sentual and must be obtained before the certificate is permanently filed.

MARG	WRITE PLAINLY WITH UNFA	V. B Every item of Information should be
7. S. No. 1	WRITE PL	V. B Every item at

PLACE OF DEATH County Montsoner	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 2/4
2 FULL NAME Frances M. When	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Opil / 4, 1982 (Month) (Day) (Year)
6 DATE OF BIRTH Safe (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 1932 to April 14, 19232, that I last saw h Err alive on April 14, 1923?
7 AGE 45 yrs. 7 mos. 13 ds. or min.	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Caremona of organist
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Cambridge Mass)	Contributory Secondary (Duration)yrsmosds.
10 NAME OF Edward A. Cears.	(Signed) Paul N. Darylor M. D. April 14, 1932 (Address) 2140 Penna. ar. W. W.
OF FATHER (State or country)	*State the Disease Causing Death Word. Dans from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Elymbeth Callen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Muss	At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence.
(Informant) Mo Ch Sennell (Address) and Rd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL Spull 15, 1932
Filed # 15 1982 W L deines Registrar	20 UNDERTAKER ADDRESS ADDRESS QUE'N You me

1.A346

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (ne state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a (a) Foreman, engineer, Stationary freeman, etc. But in many For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the (b) The ques-Grocery; Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is *Epidemic cerebrospinal meningitis*); Diphilheria avoid use of *Croup**; Typhoid fever* (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

(Recommendations on statement of cause of as fracture of skull, and eonsequences (e.g., sepsis, approved by Committee on .telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (seeondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menuccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases ean be ascertained as the cause. Always qualify al "Exhaustion," "Debility" ("Congenital," Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy." "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need "Heart failure," "Haemorrhage, Chronic valvular heart disease, etc. Nomenclature The contributory

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

6

V. S. No. 1		MARGIN RESERVED FOR BINDING.	RESE	RVEI	FOR	BIN	IDING	D			(1
N. B-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN RECORD. Every item of infor-	HTH	UNFADI	NG INK.	THI-	S IS A	PER	MANE	RECO	RD. Ever	y item o	f infor-
mation shoul be caref	ully	supplied.	AGE sho	onld be	stated	EN	ACTL	Y. PH	YSICIAN	S shoul	d state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	plain	n terms, so	that it r	nay be	prope	rly cl	assified.	Exact	statemen	t of OC	CUPA-
TION is very important. See instructions on back of certificate.	it. S	ee instruct	ions on b	ack of	certific	ate.				1	,

STATE OF WARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	97)
County Monlyoning	Registration Dist. No. 21 6
Village or City & tellersdaf	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Young, Co. You	ngs
(a) Residence: No. 5514- At amply (Usual place of abode)	Logure Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Williams	21. DATE OF DEATH Jord (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mary 6. Young	22. I HEREBY CERTIFY, That I attended doceased from 19
6. DATE OF BIRTH (month, day, and year) \ \(\sqrt{31} - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	i last saw h alive on 19 death is said
7. AGE Yeers Months Days if LESS than	i last saw h alive on
81 2 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Farmer, SAWYER, BOOKKEEPER, etc.	
Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	General debelly
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and spent in this	arterioscherosia
year) occupation	Other Control of the
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(Stete or country)	
13. NAME VOZERULI Young 14. BIRTHPLACE (city town)	
14. BIRTHPLACE (city frown)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
1 15. MAIDEN NAME & 3 Eltry Somelson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME TS Eltry Jonulavi	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Cullut Young Novap (Address) 5514- Happoly Bome	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Calrigh N. Date Chief 8 1032	Manner of injury
Place Valright 15 Date Grus 0,1930	Nature of Injury
19. UNDERTAKER UM. Truben Vibrobury (Address), Roebevelle Manyland	24. Wes disease or Injury In any way related to occupation of deceased?
20. FILED. 4 / 7 , 1932 Being C. Plany Bertura	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar	DATE N. Charles Street Relaimore Persenting T. S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: